Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ALL PLANS PROCESSING, INC.

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Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

ALL PLANS PROCESSING, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Affictes of incorporation.

ARTICLE I NAME

The name of the corporation shall be: ALL PLANS PROCESSING, INC.

The principal place of business of this corporation shall be: 7845 sw 56 street unit 101a, Miami, F1 33155.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

LESLIE MOUSEL NUNEZ 8420 SW 45th St Miami, F1 33155. KARIE GONZALEZ 7845 SW 56 Street Unit 101A Miami, F1 33155.

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

KARIE GONZALEZ & LESLIE MOUSEL NUNEZ 7845 SN 56 Street, Unit#101A, Miami, F1 33155.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 29th day of May, 2002.

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:	ALLIA VLI A)2 MAY
The name of the corporation:		17 30
ALL PLANS PROCESSING, INC.		5 f
2. The name and address of the registered agent office is:	1600 A	가 3: 12
KARIE GONZALEZ 7845 SW 56 Street Unit#10	17 a	
(P.O. BOX NOT ACCEPTABLE)		
Military Company		
Miami, F1 33155. (CITY/STATE/ZIP)	_	
SIGNATURE TITLE	Sorg —	Z.
DATE		

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURES

DATE

5-29-02