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Division of Corporations

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From:

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

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

RP. AGENTS, INC.
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# FLORIDA PROFIT CORPORATION OR P.A.

TRACE MINERAL BIOTECHNOLOGY, INC.

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Certificate of Status	0
Certified Copy	1
Page Count	02(3)
Estimated Charge	\$78.75

8/13/02 11:57 AM

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# ARTICLES OF INCORPORATION OF TRACE MINERAL BIOTECHNOLOGY, INC.

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of this corporation is TRACE MINERAL BIOTECHNOLOGY, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal mailing address of this corporation shall be:

610 SW 22<sup>nd</sup> Road Miami, FL 33129

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares of \$1.00 per value common stock

# ARTICLE IV INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

NAME	ADDRESS
Carlos Cortelezzi	610 SW 22 <sup>nd</sup> Road
President. Secretary	Miami, FL 33129

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Carlos Cortelezzi 610 SW 22<sup>14</sup> Road Miami, FL 33129

# ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Carlos Cortelezzi 610 SW 22<sup>nd</sup> Road Miami, FL 33129

Carlos Cortelezzi

August 13th 2002

#### ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carlos Cortelezzi

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SECRETARY OF STATE