

Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696 TOTAL OF CORPORATIONS 2 AUG 20 AM 8: 14

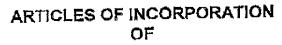
FLORIDA PROFIT CORPORATION OR P.A.

EMANON, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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EMANON, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopts the following Article of Incorporation.

ARTICLE I

The name of this corporation shall be:

EMANON, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is: 3971 S.W. 8th Street, Suite 206 MIAMI, FL 33134

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1,000 shares having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one class (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of the this corporation shall be:

SILVIA SALVADOR MUÑOZ 3971 S.W. 8th Street, Suite 206 Miami, Fl 33134

ARTICLE VII

The name and address of the officers and initial board of director(s) shall be:

 Silvia Salvador Muñoz President, Director 3971 S.W. 8th Street, Suite 206 Miami, Fl 33134

ARTICLE VIII

The name and address of the incorporator executing these Article of Incorporation is:

Silvia Salvador Muñoz 3971 S.W. 8th Street, Suite 206 Miami, Fl 33134

The undersigned has executed these Article of Incorporation this 20^{th} day of August, 2002

Silvia Salvador Muñoz, Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

EMANON, INC. (Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

Registered Agent

REGISTERED AGENT NAME:

Silvia Salvador Muñoz

Appress:

3971 S.W. 8th Street, Suite 206

CITY OF:

COUNTY OF:

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