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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

**FLORIDA PROFIT CORPORATION OR P.A.****hi-rite woods, inc.**

Certificate of Status	0
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ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: HI-RITE WOODS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

31725 SW 189 AVE  
HOMESTEAD, FL. 33030

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

DAVID SONCK 31725 SW 189 AVE, HOMESTEAD, FL. 33033

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 STREET, MIAMI, FL. 33165 /305-227-0378

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ARTICLE V INCORPORATOR(S)

THE NAME(S) AND ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

DAVID SONCK - PRESIDENT/SECRETARY/TREASURER  
31725 SW 189 AVENUE  
HOMESTEAD, FL. 33030

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 11 DAY OF Sept, 2002.

Signature

Signature

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 STREET, MIAMI, FL. 33165/305-227-0378

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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 is: **HI-RITE WOODS, INC.**

2. The name and address of the registered agent and office is:

**DAVID SONCK**

(Name)

**31725 SW 189 AVENUE**

**HOMESTEAD, FL. 33033**

(City/State/Zip)

*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.*

Signature

Date

9-11-02

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 STREET, MIAMI, FL. 33165/ 305-227-0378

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