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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.
CENTRAL LIFT SYSTEM, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF CORPORATION
OF
CENTRAL LIFT SYSTEM, CORP.

We, the undersigned, do hereby associate ourselves together and subscribe this certificate of Incorporation for the purpose of forming a Corporation under the Laws of The State of Florida, and subject to the following provisions:

ARTICLE ONE

The name of the corporation shall be:

CENTRAL LIFT SYSTEM, CORP.

ARTICLE TWO

The Corporation may engage in any activity or business permitted under the Laws of The United States and of The State of Florida.

ARTICLE THREE

This Corporation shall begin business with a minimum Capital in the amount of \$ 100.00 (ONE HUNDRED) DOLLARS

Evidence by an issue of ONE HUNDRED (100) SHARES, ONE (\$1.00) DOLLARS EACH

ARTICLE FOUR

This Corporation shall have perpetual existence.

ARTICLE FIVE

The principal office of the Corporation shall be located at: 10130 MONTEGO BAY DR. MIAMI FL 33189

Other offices for the transaction of business may be located wherever the directors may deem necessary of expedient.

ARTICLE SIX

The business of the Corporation shall be managed by a Board of Directors, who need not to be Stockholders of the Corporation. The number of Directors, not less than one, shall be fixed by resolution of the stockholders at any regular or special meeting, subject to the manner of holding such meeting prescribed by the by-laws.

ARTICLE SEVEN

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved as Stockholders meeting by majority of the stock entitled to vote thereon, unless all the Directors and all the Stockholders sign a written statement manifesting their intention that certain amendment of these Article of Incorporation be made.

ARTICLE EIGHT

The names and post office addresses of the members of the First Board of Directors and Officers who shall hold office for the first year of existence of the Corporation or until their successors are elected or appointed and have qualified are follows.

ALINA LOPEZ	Pres/Dir
	10139 MONTEGO BAY DR. MIAMI FL 33189
GLORIA L. COMAS	Vice-Pres/Dir
	820 S.W 129 PL. MIAMI FL 33184

ADRIAN LOPEZ SEC/DIR 10130 MONTEGO BAY DR. MIAMI FL 33189
FERNANDO CEBALLO TRES/DIR 820 SW 129 PL 33184

ARTICLE NINE

The name and post office address of each of the subscribers to this certificate of incorporation are as follows:

ALINA LOPEZ	President 10130 MONTEGO BAY DR. MIAMI FL 33189
GLORIA L COMAS	Vice-President 820 S.W 129 PL. MIAMI FL 33184
ADRIAN LOPEZ	Secretary 10130 MONTEGO BAY DR. MIAMI FL 33189
FERNANDO CEBALLO	Treasurer 820 S.W 129 PL. MIAMI FL 33184

In witness whereof, the undersigned Incorporators have hereunto set their hands and affixed their seals on this the 10th days of Feb, 2003.

Alina Lopez

Gloria L. Comas

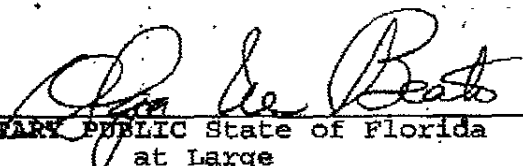
Adrian Lopez

Fernando Ceballo

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

Before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements, personally appeared the subscribers, who after first being duly sworn, executed the foregoing certificate of Incorporation, freely and voluntarily for the purpose therein expressed.

In witness whereof, I have hereunto set my hands and official seal at Miami, said county and state, this 10th day of February, 2003



NOTARY PUBLIC State of Florida
at Large

My commission expires:



Olga M. Beato
MY COMMISSION # 00046525 EXPIRES
July 31, 2005
BONDED THRU TROY ANN INSURANCE INC.

CERTIFICATE DESIGNATING DOMICILE AND
AGENT FOR SERVICE FOR PROCESS WITHIN THE STATE OF
FLORIDA

In compliance with Florida status, 48,091 the following
is submitted:

FIRST: That the above styled Corporation desiring to
organize or qualify under the laws of the State of Florida,
with is principal place of business located at:

10130 MONTEGO BAY DR. MIAMI FL 33189

has named the undersigned at the address hereunder stated as
its agent to accept service of process within Florida.

ALINA LOPEZ

10130 MONTEGO BAY DR

MIAMI FL 33189

Having 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 all the provisions and
regulations relative to the performance of duties.

Alina Lopez
Resident Agent

Date

2/12/2003

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TALLAHASSEE FLORIDA