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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.
ECLIPSE NETWORK SOLUTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 FEB 12 PM 1:39

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Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 12, 2003

FAS-T

SUBJECT: ECLIPSE NETWORK SOLUTIONS, INC.
REF: W03000004108

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F. S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ECLIPSE NETWORK SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11431 S. W. 7 TERRA, #104 A

MIAMI, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE AND RETAIL

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares \$1.00 each one.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es)

SULEYMA YADIRA AGUILERA AND HUGO ARROYO

11431 S. W. 7 TERRA, #104A

MIAMI, FL 33174

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

HUGO ARROYO

11431 S. W. 7 TERRA, #104A

MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HUGO ARROYO

11431 S. W. 7 TERRA, #104A

MIAMI, FL 33174

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

2/10/03

Date

2/10/03

Date