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Division of Corporations

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : RITA SALCINES  
Account Number : 075350000406  
Phone : (305) 443-1872  
Fax Number : (305) 447-0276

**FLORIDA PROFIT CORPORATION OR P.A.**

**DOUBLE IMPACT, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**  
**DOUBLE IMPACT, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE ONE:**

The name of this corporation is: **DOUBLE IMPACT, INC.**

**ARTICLE TWO:**

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act of the State of Florida.

**ARTICLE THREE:**

The aggregate number of shares, which this corporation shall have authority to issue is TEN THOUSAND (10,000) shares of common stock, ONE (\$1.00) DOLLAR par value, shall be designated as "Common Shares".

**ARTICLE FOUR:**

Shareholders of this corporation shall have full preemptive rights to acquire unissued or treasury shares of the corporation.

**ARTICLE FIVE:**

The street address of the initial principal office of this corporation is:

14054 SW 103 TERRACE, MIAMI, FL 33186

and the name and address of the Registered Agent of this corporation is:

DOROTHY WAWA  
14054 SW 103 TERRACE, MIAMI, FL 33186

**ARTICLE SIX:**

This corporation shall have two directors to constitute its initial Board of Directors. The number of directors of the corporation may subsequently be increased or decreased from time to time according to the By-Laws of the corporation, but shall never be less than one (1). The names and addresses of the initial directors of this corporation, numbers of shares assigned and value are:

DOROTHY WAWA - PRESIDENT/SECRETARY-TREASURER  
200 SHARES - \$200  
14054 SW 103 TERRACE, MIAMI, FL 33186

FRANTZ DESVARIEUX - VICE PRESIDENT  
200 SHARES - \$200  
14054 SW 103 TERRACE, MIAMI, FL 33186

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**ARTICLE SEVEN:**

The name and address of the Incorporator of this corporation, who is the person signing these Articles is:

**DOROTHY WAWA  
14054 SW 103 TERRACE, MIAMI, FL 33186**

**ARTICLE EIGHT:**

The corporation shall indemnify any Officer or Director, or any former Officer or Director to the full extent permitted by law.

NOW THEREFORE, the undersigned Incorporator has executed these Articles of Incorporation this 6<sup>th</sup> day of March 2003.

  
DOROTHY WAWA, INCORPORATOR

STATE OF FLORIDA)

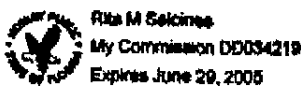
COUNTY OF DADE )

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared DOROTHY WAWA., to me well known to be the person described as the Incorporator in and who, in my presence, executed the foregoing Articles of Incorporation, and who acknowledged before me that she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the State and County above this 6<sup>th</sup> day of March 2003.

  
Notary Public - State of Florida

My Commission Expires:



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

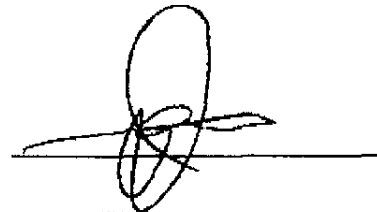
Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is: **DOUBLE IMPACT, INC.**
2. The name and address of the registered agent and office is:

**DOROTHY WAWA**  
**14054 SW 103 TERRACE**  
**MIAMI, FL 33186**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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:

March 6<sup>TH</sup>, 2003

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