Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Max Number : (850)205-0381

From

Account Name : FAS-T CORP. ACENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

CRETARY OF STATE LAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

ZALMA CORP.

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

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ARTICLE OF INCORPORATION

of

ZALMA CORP.

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

ARTICLE I NAME

The name of the corporation shall be: ZALMA CORP.

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The principal place of business of this corporation shall be 680 NE. 64 ST. # A-112
Missi, Florids 33138

ARTICLE II HATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE Y OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MARIO MARCELO RUJINSKY 680 NE. 64 ST. # A-112

DIRECTOR

Miami.F1.33138

ADRIANA GLARISA SCHTIVELMAGER DE RUJINSKY DIRECTOR 680 NE. 64 ST. # A-112 Miami,Fl. 33138

ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

MARIO MARGELO RUJINSKY PRESIDENT (25 sheres)
680 NE. 64 ST. # A-112
Miami,F1.33138
ADRIANA CLARIOL CONTINUE ACCES DE RUITNERE

ADRIANA CLARISA SCHTIVELMACER DE RUJINSKY SECRETARY & TREASURER (25 shares) 680 NE. 64 ST. # A-112 Miami, Fl. 33138

al indky

Signature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Plorida 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:

ZALMA CORP.

2.	The name and address of the registered agent and office
	is (Name)
	692 W. 29 ST. # 9
	(P. O. BOX NOT ACCEPTABLE)
	HIALEAH, FLORIDA 33012
	(CITY/STATE/ZIP)
of i as i thei relj and	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIREGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY ITIOM AS MY POSITION AS REGISTERED AGENT. SIGNATURE

DATE

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FILED