

P03000061991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

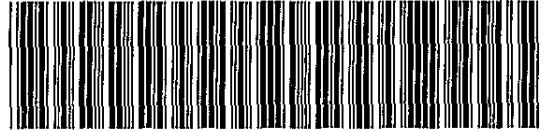
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100017275011

06/05/03--01021--024 **236.25

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN -5 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN -5 AM 11:23

RECEIVED

20-5-9

EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 (305) 444-4994
City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FB INTERNATIONAL SERVICE CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -5 PM 12:30

ARTICLE I NAME

The name of the corporation shall be:

FB INTERNATIONAL SERVICE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10377 SW 88 STREET # K-8
MIMAI, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 60

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

AUGUSTO FERNANDO BELLIARD (P/D)
FERNANDO AUGUSTO BELLIARD (S/D)
10377 SW 88 STREET # K-8
MIMAI, FL 33176

ARTICLE VI REGISTERED AGENT

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

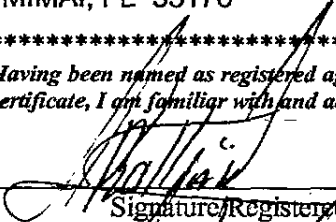
AUGUSTO FERNANDO BELLIARD
10377 SW 88 STREET # K-8
MIMAI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AUGUSTO FERNANDO BELLIARD
10377 SW 88 STREET # K-8
MIMAI, FL 33176

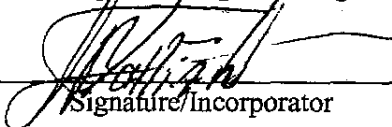
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

06-04-03

Date



Signature/Incorporator

06-04-03

Date