

Florida Department of State

Division of Corporations Public Access System

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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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FLORIDA PROFIT CORPORATION OR P.A.

HITUCHIMI CORPORATION

Certificate of Status	0
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ARTICLES OF INCORPORATION

DEURE IARY OF STATE TALLAHASSEE FLORIDA

OF

HITUCHIME CORPORATION

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: HITUCHIMI COMPORATION

The principal place of business of this corporation shall be: 5020 SW 154th Ave.,
Miami FL 33185

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of business permitted under the laws of the United States, 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 15,000 authorized to have outstanding at any one time is:

THOUSAND @ \$1.00 per Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(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):

JOSEAA. PINEDA, PRESIDENT 5020 S.W 154th Avenue Miamí FL 33185

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(cs) of the incorporator(s) to this articles of incorporation is(are):

JOSE A. PINEDA 5020 S.W 154th Avenue Miami FL 33185

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this __3 _ day of __sune____, 2003

Signature(s) of Incorporator(s)

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SECRETARY OF STATE TALLAHASSEE FLORIDA

CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325 Florida Samutes, 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: HITUCHIMI CORPORA	ATLON
2. The name and address of the registered agent and office i	S :
JOSE A. PINEDA	
	=. -
5020 SW 154th Avenue	
(P.O. BOX NOT ACCEPTABLE)	
Miamt Ft 33185	
(CITY/STATE/ZIP)	
SIGNATURE (Co	rporate Officer)
TITLE President	
DATE)3
HAVING REEN NAMED TO ACCEPT SERVICE OF PROCESS I	OP THE ABOVE CTATES

HAVING BEEN 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 THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE