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| Certified Copies        | Certificates      | s of Status                           |
| Special Instructions to | Filing Officer:   |                                       |
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SCORETARY OF STATE

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| AZARUS CORPORATE FILING SERVICE 320 S.W. 87 AVENUE |                            |                                       |  |
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|  | , FLORIDA (305)552-5973    |                                       |  |
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|  | •                          | OFFICE USE ONLY                       |  |
|  |                            |                                       |  |
| CC   | ORPORATION NAME(s) & 1     | DOCUMENT NUMBER(S) (if known):        |  |
| 1.   | USA GREAS                  | SETTAP CORP                           |  |
| _  | (Corporation Name)         | (Document #)                          |  |
| 2  | (Corporation Name)         | (Document #)                          |  |
| 3.   | (Corporation Name)         | (Document #)                          |  |
| 4.   | (Corporation Name)         | (Document #)                          |  |
|  | Walk in Pick up time       |                                       |  |
|  | \<br>                      |                                       |  |
|  | Mail out Will wait         | Photocopy Certificate of Status       |  |
| _  |                            |                                       |  |
|  | NEW FILINGS                | AMENDMENTS                            |  |
|  | Profit                     | Amendment                             |  |
|  | NonProfit                  | Resignation of R.A., Officer/Director |  |
|  | . Limited Liability        | Change of Registered Agent            |  |
|  | Domestication              | Dissolution/Withdrawal                |  |
|  | Other                      | Merger                                |  |
| _  |                            |                                       |  |
| ÷  | OTHER FILINGS              | REGISTRATION/<br>QUALIFICATION        |  |
| .  | Annual Report              | Foreign                               |  |
| -  | Fictitious Name            | Limited Partnership                   |  |
| ļ.   | Name Reservation           | Reinstatement                         |  |
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Other

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby Adopt(s) the following Articles Of Incorporation.

#### ARTICLE I- NAME

The name of the Corporation shall be:

USA GREASE TRAP CORP

# ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7001 W. 35<sup>th</sup> AVE UNIT 239 HIALEAH GARDENS, FL. 33018

# ARTILCE III - SHARES

The number of shares of stock that this corporation is authorized to have Outstanding at any one time is.

100 SHARES OF COMMON STOCK @ \$ 1.00 PAR VALUE

# ARTICLE IV-INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial register agent is:

LORENZO RODRIGUEZ 7001 W. 35<sup>th</sup> AVE UNIT 239 HIALEAH, FL. 33018

#### ARTICLE V- INCORPORATOR

The name and street address of the incorporator (s) to these Articles of Incorporations is (are)

LORENZO RODRIGUEZ , Ples 7001 W. 35<sup>th</sup> AVE UNIT 239 HIALEAH GARDENS, FL. 33018

The undersigned incorporator(s) has executed these Articles of Incorporation this <u>16</u>day of <u>OCTOBER 2003</u>

## **ARTICLE VI - DIRECTORS**

The name(s) and street address of the Director(s) to these Articles of Incorporation is (are)

LORENZO RODRIGUEZ , PRES 7001 W. 35<sup>th</sup> AVE UNIT 239 HIALEAH, FL. 33018

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERD OFFICE Having been named as Registered Agent and to accept service of process for The above stated corporation at place designated in this certificate. I hereby Accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of al statutes related to the proper And complete performance of my duties, and I am familiar with and accept The obligations of my position as Registered Agent.

Registered Agent Signature

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SECRETARY OF STATE
TALLAHASSEE, FIORICA