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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 SECRETARY OF STATE
TALLAHA 3SEC. FLCRID

### FLORIDA PROFIT CORPORATION OR P.A.

#### ICVSA ENTERPRISE USA INC.

| Certificate of Status | 0       |
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| Certified Copy        | 1       |
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# ARTICLE OF INCORPORATION OF

ICVSA ENTERPRISE USA INC.

The undersigned incorporates, 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 incorporation shall be:

ICVSA ENTERPRISE USA INC.

The principal place of business of this corporation shall be:

8101 CAMINO REAL # C-304 MIAMI, FL 33143

#### ARTICLE II NATURE OF BUSINESS

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

#### ARTICLE III CAPITOL STOCK

The aggregated number of shares of stock and its value that this corporation is authorized to have out standing at any one time is Five Hundred (500) shares of One Dollar (\$1.00) per value common stock, which shall be designated "Common Shares".

#### **ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

#### **ARTICLE V OFFICERS DIRECTORS**

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

NORMAND M. VIVIANO - President 8101 CAMINO REAL # C-304 MIAMI, FL 33143 CARLOS TRACE Vice-President 8101 CAMINO REAL # C-304 MIAMI, FL 33143

FLORIDA IMMIGRATION 7309 WEST FLAGLER ST MIAML FL 33144 TEL. 305-260-0214

## ARTICLES V1 INCORPORATOR(S)

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

NORMAND M. VIVIANO - President 8101 CAMINO REAL # C-304 MIAMI, FL-33143

IN WITNESS WHEREOF, the undersigned incorporator (s) has(have) executed these Articles of incorporation this  $^{21\,\rm ST}$  day of ocroser,  $20^{.03}$ .

Signature(s) of Incorporator(s)

# CERTIFICATE OF DESIGNATION REGIDTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of Section 607.325, Florida Statues, the undersign corporation, organized under the Laws of the States of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

| 1. The name of the corporation:  ICVSA ENTERPRISE USA INC.                                                                                                             | 03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 2. The name and address of the registered agent and office                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NORMAND M. VIVIANO                                                                                                                                                     | 8101 CAMINO REAL # C-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                                                                                                                                                        | MIAMI, FL 33143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (CITY/STAT                                                                                                                                                             | (E/ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TO                                                                                                                                                                     | GNATURE PRESIDENT ATE 10-21-03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| HAVING BEEN NAMED TO ACCEPT SERVICE CORPORATION, AT THE PLACE DESIGNATED IN THIS CAPACITY, AND I FURTHER AGREE TO COMPRELATIVE TO THE PROPER AND COMPLETE PERFORMANCE. | S CERTIFICATE, I HEREBY AGREÉE TO ACT IN PLY WITH THE PROVISION OF ALL STATUTES RMANCE OFMY DUTIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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