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Florida Department of State
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TALLAHASSEE FLORIDA

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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

FLORIDA PROFIT CORPORATION OR P.A.

PARTNER & BROTHER INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE OF INCORPORATION

OF

PARTNER & BROTHER INC.

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: PARTNER & BROTHER INC.

The principal place of business of this corporation shall be:
530 Forest Dr.
Miami Springs, Fl. 33166

ARTICLE II NATURE 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 X \$ 10.00 = \$1,000.00

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) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

JOEL CAICEDO DIRECTOR
530 Forest Dr.
Miami Springs, FL 33166

MAYLIN DELGADO DIRECTOR
530 Forest Dr.
Miami Springs, FL 33166

ARTICLE VI INCORPORATOR(S)

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

JOEL CAICEDO PRESIDENT (50 shares)
530 Forest Dr.
Miami Springs, FL 33166

MAYLIN DELGADO SECRETARY & TREASURER (50 shares)
530 Forest Dr.
Miami Springs, FL 33166

The undersigned has (have) executed these Article of Incorporation this Third day of December, 2003.

x Joel
Signature/Title

Maylin
Signature/Title

Signature/Title

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida 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: _____

PARTNER & BROTHER INC.

2. The name and address of the registered agent and office

is MAYLIN DELGADO

(Name)

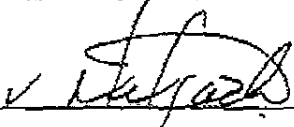
530 Forest Dr.

(P. O. BOX NOT ACCEPTABLE)

Miami Springs, Fl. 33166

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 12-3-03