

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0381

Exom:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STALL

FLORIDA PROFIT CORPORATION OR P.A.

STRONG KEYSTONE OF MIAMI CORP.

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\$78.75

Electronic Filing Menu

Corporate Filing

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ARTICLE OF INCORPORATION

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STRONG KEYSTONE OF MIAMI CORP.

SLORETARY OF A SHE

The undersigned incorporator(s), for the purpose of forming to 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: STRONG KEYSTONE OF MLAMI CORP.

The principal place of business of this corporation shall be: 13502 NW. 178 ST. MIAMI, FLORIDA 33018

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 Florids, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCE

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 = \$1,000.60

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE Y 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):

GERON(MO LARA 26231 SW. 123 AVE. HOMESTEAD, FL. 33032

DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

GENONIMO LARA 26231 SW. 123 AVE. HOMESTEAD,FL. 33032

PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has(have) executed these Article of Incorporation this 6 th. day of January .2004.

Signature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Flor unde	uant to the provisions of sections 607.0501 or 617.0501, ida Statutes, the undersigned corporation, organized r the laws of the State of Florida, submits the following ement in designating the registered office/registered	
agen	t, in the State of Florida.	1
1.	The name of the corporation is:	
	STRONG KEYSTONE OF MIANT CORP.	
	FLORA	
	The name and address of the registered agent and office	
;	is GFRONIMO LARA (Name)	
	· · · · · ·	
٠.	26231 SW. 123 AVE.	
	(P. O. BOX NOT ACCEPTABLE)	
-	HOMESTEAD, FL. 33032	
	(CITY/STATE/ZIP)	
OF PI AS RI THER RELA: AND	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI EGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR AGREE TO COMPLY WITE THE PROVISIONS OF ALL STATUTES TING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY TION AS MY POSITION AS REGISTERED AGENT.	
	SIGNATURE 4 9/2	
	DATE 01-06-2004	