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DIVISION OF CORPORATION

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NEW FILINGS	AMENDMENTS	(*** ** ** ** ** ** ** ** ** ** ** ** **
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NonProfit	Resignation of R.A., Officer/Director	
. Limíted Liability	Change of Registered Agent	
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Other	Merger	
OTHER FILNGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
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Examiner's Initials

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## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a 2004 FEB 20 P 2: 19 corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### **ARTICLE I - NAME**

The name of the corporation shall be:

Red Line & associate, Inc

#### ARTICLE II - PRINCIPAL OFFICE

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

510 SW 136 PC Miami, FC 33184

# ARTICLE III -SHARES

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

100

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

510 SW 136 PC Miami, FC 33184 ONECIO J. CARMONA

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2004 FEB 20 P 2: 19

## ARTICLE V - INCORPORATOR

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name and street address of the incorporator to these Articles of Incorporation is:  $One(10 \text{ J. Carmon } \bullet)$ 

510 SW 136 PL Migmi, FL 33184

The undersigned incorporator has executed these Articles of Incorporation this 19 day of February 2004

X Osaled Carrow
Signature

## ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): One io f- Carmon

510 SW 136 PL. (President) Miami, FL 33/84

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED 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 all 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.

X Chieles Consoc.

Registered Agent Signature.