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☐ PICK-UP

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(Business Entity Name)

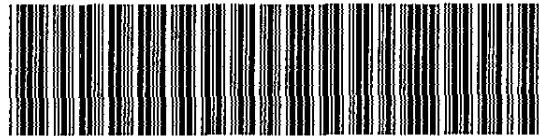
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RECEIVED  
04 FEB 20 AM 11:32  
DIVISION OF CORPORATION  
FILED  
2004 FEB 20 P 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. AMERICAN INT'L TRANSMISSION, CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
AMERICAN INT'L. TRANSMISSION, CORP..** **FILED**

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ARTICLE I

2004 FEB 20 P 2:29

THE NAME OF THE CORPORATION IS:  
AMERICAN INT'L. TRANSMISSION, CORP..

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED  
UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF  
FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE  
CORPORATION IS AUTHORIZED TO ISSUES IS 100 SHARES AT \$10.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH CORPORATION WILL BEGIN BUSINESS IS  
THE SUM OF \$1,000.00.

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER  
DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPOTATION, IN THIS  
STATE SHALL BE:

3920 N.W. 27 STREET  
MIAMI, FL. 33142  
PHONE:: (305) 871-8081

ARTICLE VII

THE NAME (S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE  
ARTICLES ARE:

IRIS E. BATISTA  
3920 N.W. 27 Street  
Miami, FL. 33142

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF FOUR DIRECTORS WHOSE NAMES AND ADDRESSES ARE AS FOLLOWS:

JOSE R. BATISTA - PRESIDENT - SECRETARY  
3920 N.W. 27 Street  
Miami, FL. 33142

IRIS E. BATISTA - VICE-PRESIDENT - TREASURY  
3920 N.W. 27 STREET  
MIAMI - FL 33142


ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

IRIS E. BATISTA  
3920 N.W. 27 Street  
MIAMI, FL. 33142

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THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS SIXTEEN DAYS OF SEPTEMBER, 2003.

  
IRIS E. BATISTA  
Incorporator

02/18/04  
Date

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: AMERICAN INT'L TRANSMISSION, CORP.
2. The name and address of the registered agent and office is:

IRIS E. BATISTA

3920 N.W. 27 STREET

MIAMI, FLORIDA, 33142

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

IRIS E. BATISTA

DATE:

02/18/04