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Florida Department of State
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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
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SEC
DIVISION

FLORIDA PROFIT CORPORATION OR P.A.

2RD, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I

The initial name and address of this corporation shall be:

2RD, INC.
730 SW 101 CT CIR
MIAMI, FL 33174

ARTICLE II

This corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE III

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value Per Share</u>	<u>Class of Stock</u>
500	\$1.00	Common

ARTICLE IV

The name and address of the initial registered agent is:

ROGER RUIZ
730 SW 101 CT CIR
MIAMI, FL 33174

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V

The name and street address of the incorporator to this Articles of Incorporation is:

ROGER RUIZ – Director

730 SW 101 CT CIR
MIAMI, FL 33174

The undersigned incorporator have executed these Articles of Incorporation

this 3 day of July, 2004.



Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

2RD, INC.

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

ROGER RUIZ

730 SW 101 CT CIR

MIAMI, FL 33174

Signature _____

Title _____

Date _____



Director

7/3/04

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SEC.
DIVISION

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature _____

Date _____



7/3/04