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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 94 AUG -3 AM 9: 01
SECRETARY OF STATE

# FLORIDA PROFIT CORPORATION OR P.A.

XTREME CUTS ORLY, INC.

Certificate of Status	0
Certified Copy	1
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#### ARTICLES OF INCORPORATION

OF

Xtreme Cuts Orly, Inc.

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

#### ARTICLE I NAME

The name of the corporation shall be:

Xtreme Cuts Orly, Inc.

SECRETARY OF STATE
TALL ANASSEE, CLORING

## ARTICLE IL PRINCIPAL OFFICE

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

15170 S.W. 56<sup>th</sup> St. Miami, Fl 33185

### ARTICLE III SHARES

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

1000 AT NO PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial registered agent is:

Orlando L. Hernandez 51 N.W. Blvd Mlami, Fl 33126

#### ARTICLE V INCORPORATOR(S)

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

Orlando L. Hernandez 51 N.W. Blvd Miami, Fl 33126

## ARTICLE VI OFFICER (S)

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

#### PRESIDENT

Orlando L. Hernandez 51 N.W. Blvd Miami, Fl 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation

this 3 Day of AUG 2004.

Signature

Signature

## CERTIFICATE OF DESIGNATION OF

## REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUES, 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:

Xtreme Cuts Orly, Inc.

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

Orlando L. Hernandez 51 N.W. Blvd Miami, Fl 33126

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 statues 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

ORLando L Hernander 51NW BLUD MISSIN FL- 33126