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Florida Department of State
Division of Corporations
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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

Second Request
11/10

FLORIDA PROFIT CORPORATION OR P.A.

POCKETS OF PRESENTS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF

Pockets of Presents, Inc.

The undersigned incorporator(s), for the purpose of forming a 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:
Pockets of Presents, Inc.

The principal place of business of this corporation shall be:
5654 SW 130 Ave Miami, FL 33467 Principal Office

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 States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:
1000 shares par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(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):

Maria Vargas Vila (P)
5654 SW 130 Ave
Miami, FL 33183

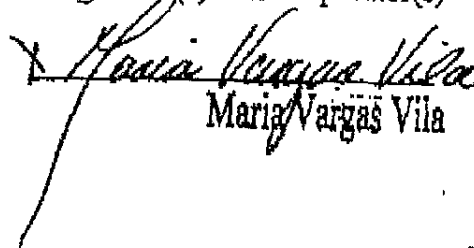
ARTICLES VI INCORPORATOR (S)

The name(s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

Maria Vargas Vila (P)
5654 SW 130 Ave
Miami, FL 33183

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 5th day of November 2004.

Signature(s) of Incorporator(s)


Maria Vargas Vila

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:

Pockets of Presents, Inc.

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

Maria Vargas Vila

5654 SW 130 Avenue

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33183

(CITY/STATE/ZIP)

SIGNATURE

Maria Vargas Vila

TITLE

President

DATE

11/5/04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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

Maria Vargas Vila

DATE

11/5/04

TALLAHASSEE, FLORIDA

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