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Examiner's Initials

CR2F031/9/92)

ARTICLES OF INCORPORATION

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 | NAME

The name of the corporation shall be: EL MUNDO DE LAS PLANTAS

UNS JAN 24 P 12:
CRETARY OF STATE AHASSEE, FLORE

ARTICLE II PRINCIPAL OFFICE

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

7004 SW 40TH STREET MIAMI, FL 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES \$5,00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SAMUEL GARMILLA 7004 SW 40TH STREET • MIAMI, FL 33155

ARTICLEY INCORPORATOR(S)

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

BERTILA RAMOS

12800 SW 20TH TERRACE, MIAMI, FL 33175

SAMUEL GARMILLA 7004 SW 40TH STREET, MIAMI, FL 33155

ARTICLE VI DIRECTOR(S)

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

BERTILA RAMOS SAMUEL GARMILLA 12800 SW 20TH TERRACE, MIAMI, FL 33175 PRESIDENT 7004 SW 40TH STREET, MIAMI, FL 33155 SEC/TREAS

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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.

The name and address of the registered agent and office is:				
AMUEL GARMILLA				
	(NAME)			
004 SW 40TH STRE	LET			
	(P.O. BOX NOT ACCEPTABLE)			

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.

DATE JANUARY 21, 2005 STATE PLORIDA