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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

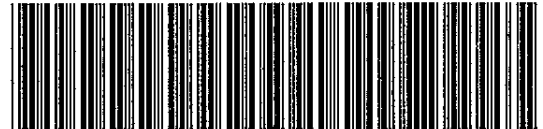
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAR - 1 PM 2:02

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3/9/05

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** FERRARIFX, INC  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** SUMMER MOTE  
Name (Printed or typed)

2999 NE 191st. STREET SUITE 608A  
Address

AVENTURA, FL 33180  
City, State & Zip

(954) 989-9938  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

## **ARTICLES OF INCORPORATION**

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

05 MAR - 1 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

FERRARIFX , INC

The principal place of business of this corporation shall be:

2999 NE 191<sup>ST</sup>. STREET SUITE 608A

AVENTURA, FL 33180

### **ARTICLE II NATURE OF BUSINESS**

This corporation may engage in any other business permitted under the laws of the United State, 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.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

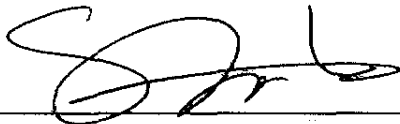
The name(s) and street address(es) of the initial officer (s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): Summer Mote, whom resides at 2999 NE 191<sup>st</sup> Street Suite 608A, Aventura, FL 33180.

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): Summer Mote, whom resides at 2999 NE 191<sup>st</sup> Street Suite 608A, Aventura, FL 33180.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 23 day of February, 2004.

Signature(s) of Incorporator(s)

A handwritten signature in black ink, appearing to be 'S. Mote', written over a horizontal line.

Summer Mote / President / Incorporator / Register Agent

**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: FERRARIFX, INC
2. The name and address of the registered agent and office is:

Summer Mote  
2999 NE 191<sup>st</sup> Street Suite 608A  
Aventura, FL 33180

SIGNATURE: \_\_\_\_\_

TITLE: Incorporator / Vice-President / Registered Agent

Date: \_\_\_\_\_

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: \_\_\_\_\_

05 MAR - 1 PM 2:02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED