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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

FLORIDA PROFIT CORPORATION OR P.A

RADEL CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION OF

RADEL CORP.

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.

The name of the corporation shall be:

The principal place of business of this corporation shall be:

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 i authorized to have outstanding at any one time is: 100 @ \$1.00 PV

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 untitheir successor(s) is (are) elected, is (are):

Director Oscar Chafa Providery Ray Castellanos

168 SE 13 ST Suit 1006

Man TI 33131

ARTICLE VI INCORPORATOR(S)

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

Paul Castellanos
168 SE 151 ST SUX 1006
MIDMI - 33131
IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 104 day of 2005

Signature(s)

of Incorporator ;)

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:
2. The name and address of the registered agent and office is:
OSCOI CHOPU 168 SE 13 ST SUP (1006) (P.O. BOX NOT ACCEPTABLE)
Mioni 71 33131
(CITY/STATE/ZIP)
Signature / Smart Than
mae 10 thicer Pregiote Agent
Date 004 18 / 05
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR
THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATE: IN THIS CERTIFICATE, I HERBY AGREE TO ACT IN THIS
CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL STATITIES RELATIVE TO THE PROPER AND - S
COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA
STATUTES. SIGNATURE AND PROPERTY OF THE PROPE
DATE OF 18 109 SE &
OF 8