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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

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

US PRODUCTS SUPPLIERS CORP., A FLORIDA CORPORATION

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11/10/05
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**ARTICLES OF INCORPORATION
OF
US PRODUCTS SUPPLIERS CORP., a Florida Corporation**

THE UNDERSIGNED SUSCRIBER, to this Articles of Incorporation pursuant to F.S. § 617, adopts the following Articles of Incorporation:

ARTICLE I

The name of this corporation shall be: **US PRODUCTS SUPPLIERS CORP., a Florida Corporation.**

ARTICLE II

The address of the principal office and the mailing address of the Corporation is:

**166 HIALEAH DRIVE
HIALEAH, FL 33010**

ARTICLE III

The purpose of this Corporation is formed to engaged in the conduct of any Lawful business

ARTICLE IV

The directors of this Corporation shall be elected annually as directed by the by-laws.

ARTICLE V

The maximum number of shares of stock that this corporation is authorized to have outstanding at one time are sixty (60) shares at no par per value

ARTICLE VI

The street address of the Corporation and initial registered office and the initial registered agent is as follows:

NELSON PUENTE

**166 HIALEAH DRIVE
HIALEAH, FL 33010**

ARTICLE VII

The name and address of the incorporator of this Corporation is:

NELSON PUENTE

**166 HIALEAH DRIVE
HIALEAH, FL 33010**

ARTICLE VII

This Corporation reserves the right to amend, alter, change or repeal any and all of the provisions contained in these Article of Incorporation in any manner now or hereafter provided by statutes.

DATED this 10th day of November, 2005.


NELSON PUENTE.

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

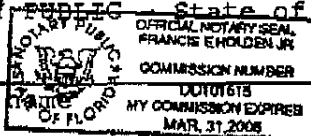
SWORN TO AND SUBSCRIBED before me on this 10th day of November, 2005 by **NELSON PUENTE**, who executed the foregoing Articles of Incorporation, and who acknowledged that he executed same for the purposes expressed therein, and an oath was taken.

- ☒ Is personally known to me;
☐ provided Florida Driver's License;
☐ provided _____ as identification.

My commission expires on:

NOTARY PUBLIC _____ State of Florida

Print _____



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607-0501 or 0'17.0501, 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.

1. The name of the corporation is: **US PRODUCTS SUPPLIERS CORP., a Florida Corporation**

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

NELSON PUENTE

(Name)

166 HIALEAH DRIVE

1 (P.O. Box Not Acceptable)

Hialeah, Florida 33010

(City/State/Zip)

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.

Signature


NELSON PUENTE

Date November 10, 2005