Florida Department of State

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To:

Division of Corporations

Fax Number

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From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STATE TALL AHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

CAPRICORNIO DOLLAR STORE INC.

| Certificate of Status | • university of the state of th |
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CAPRICORNIO DOLLAR STORE 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: CAPRICORNIO DOLLAR STORE INC.

The principal place of business of this corporation shall be: 19 SW. 13 AVE. MTAMI.FL. 33135

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 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 par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

SECRETARY OF STATE

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ARTICLE V OFFICERS DIRECTORS

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

EVA McDUFFIE 1101 NW. 103 ST. MIAMI, FL. 33150 DIRECTOR

ARTICLE VI INCORPORATOR(S)

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

EVA McDUFFIE 1101 NW. 103 ST. MIANI, FL. 33150 PRESIDENT, SECRETARY & TREASURER
100 shares

Signature/Title

| The undersign | ed has(have) ex | ecuted these Art | icle of Incorpora |
|---------------|-----------------|------------------|------------------------|
| | | 1 Eug. Signal | Meduffic Eure/Title |
| , | | Signat | ure/Title |

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.

| 1. | The name of the corporation is: | | |
|------|--|-----------------|------------|
| | CAPRICORNIO DOLLAR STORE INC. | | |
| | | | |
| 2. | The name and address of the registered agent and office | 72.5 | 90 |
| | is EVA McDUFFIE | | Ç, |
| | (Name) | T : T | JAN 12 |
| | | AUVI. | _ |
| | 1101 NV. 103 ST. | 33 | 2 |
| | (P. O. BOX NOT ACCEPTABLE) | - 11 | 1 |
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| | M1AH1.FL. 33150 | F SIAIF | 13. C |
| | (CITY/STATE/ZIP) | S.V. | <u>~</u> ' |
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| | ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE | , | |
| | PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR | , | |
| | R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES | | |
| | ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES | | |
| | I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY | | |
| POS: | ition as my position as registered agent. | _ | |
| | SIGNATURE QUA Meduffe | و_ | |
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| | -01-11-06 | | |