

*PA600018126*

Florida Department of State  
Division of Corporations  
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*Juagar*

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/NON PROFIT CORPORATION**

**LA PASIVA ~~INC~~ Group Inc**

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*A-S-24*



February 7, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FAS-T CORP. AGENTS, INC.

SUBJECT: LA PASIVA INC.  
REF: W06000005951

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation. The name of a voluntarily dissolved corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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Claretha Golden  
Document Specialist  
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FAX Aud. #: H06000032300  
Letter Number: 006A00008873

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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;

LA PASIVA GROUP INC.

The principal place of business of this Corporation shall be:

**6987 COLLINS AVE.  
MIAMI BEACH, FLORIDA 33141**

**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 is authorized to have outstanding at any one time is: FIVE HUNDRED (500) SHARES OF ONE DOLLAR (\$1.00) PER VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON SHARES".

**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) elected, is(are):

**ARON WOLFSON-PRESIDENT  
6987 COLLINS AVE  
MIAMI BEACH, FLORIDA, 33141**

**RAQUEL WOLFSON--VICE-PRESIDENT  
6987 COLLINS AVE.  
MIAMI BEACH,FLORIDA 33141.**

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CLERK OF DISTRICT COURT  
MIAMI BEACH, FLORIDA

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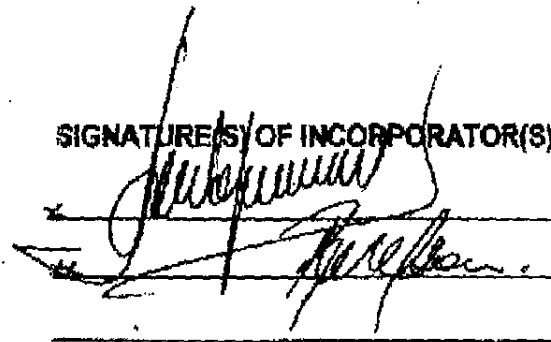
**ARTICLE VI INCORPORATOR (S)**

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

**ARON WOLFSON- President  
8987 COLLINS AVE.  
MIAMI BEACH, FLORIDA 33141**

**IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this, 25 day Of JANUARY 2006.**

SIGNATURE(S) OF INCORPORATOR(S)



A handwritten signature in black ink is written over a horizontal line. The signature is cursive and appears to read 'Aron Wolfson'. Below the signature, there are two more horizontal lines, one of which is partially crossed by the signature's tail.

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**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: \_\_\_\_\_  
LA PASIVA GROUP INC.

2. The name and address of the registered agent and office is:  
ARON WOLFSON-President  
6987 COLLINS AVE  
MIAMI BEACH, FLORIDA 33141

SIGNATURE \_\_\_\_\_  
TITLE President  
DATE 01-25-2006

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 01-25-2006

**ARTICLES OF INCORPORATION**

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