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Florida Department of State  
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## To:

Division of Corporations  
Fax Number : (850)205-0381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ROGER EQUIPMENT SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
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[Signature]



ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

VICTOR M. LARGAESPADA  
2343 N.W. 3rd ST.  
MIAMI, FL 33125

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the director(s)/officer(s) to this Articles of Incorporation are:

VICTOR M. LARGAESPADA (P/S/T/D)  
2343 N.W. 3rd ST.  
MIAMI, FL 33125

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7th day of MARCH, 2006, at MIAMI.

(An additional article must be added if an effective date is requested.)

Victor M. Largaespada  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: ROGER EQUIPMENT SERVICES, INC.

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

VICTOR M. LARGAESPADA

(NAME)

2343 N.W. 3rd ST.  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FL 33125  
(CITY/STATE/ZIP)

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*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.*

Victor M. Largaespada  
(SIGNATURE)

3-7-06  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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