

Florida Department of State

Division of Corporations Public Access System

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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)71.6-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

SGL USA INC

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ARTICLES OF INCORPORATION OE

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SGL USA INC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: SGL USA INC

The principal place of business of this corporation shall be: 2153 NW 79 AVE MIAMI FL 33122

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: ONE HUNDRED SHARES (100) AT ONE DOLLAR (1.00) PER SHARE.

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):

JAIME W POZO 2153 NW 79 AVE MIAMI FL 33122

ARTICLE VI INCORPORATOR(S)

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

JAIME W POZO

2153 NW 79 AVE MIAMI FL 33122

Signature(s) of incorporator(s)

JAIMB W POZO

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.

The name and address of the registered agent and office is:			
	JAIME W POZO		
	(NAME)	70	
	2153 NW 79 AVE	EG	
111111111111111111111111111111111111111	(P.O. BOX NOT ACCEPTABLE)	\$ ±	
		SE	

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

JAIME W.P

DATE 04-01-06

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