

Division of Corporations of 1  
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Florida Department of State  
Division of Corporations  
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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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

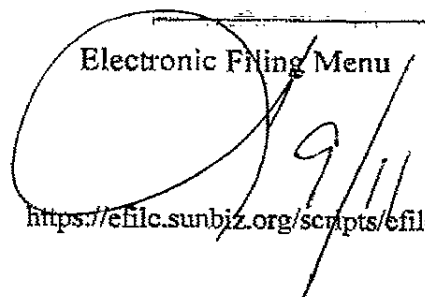
**PLATTINI FLORIDA INC.**

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9/6/2006

**ARTICLES OF INCORPORATION**  
**OF**

**PLATTINNI FLORIDA 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:

**PLATTINNI FLORIDA INC.**

The principal place of business of this corporation shall be:

**2999 NE 191 ST #240 Aventura, Fl 33180**

**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:

**100 SHARES AT \$1.00 PAR VAUE**

**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):

**(P) RAUL SILVER 2999 NE 191 ST #240, AVENTURA, FL 33180**  
**(VP) SALLY V. SILBER 2999 NE 191 ST #240, AVENTURA, FL 33180**

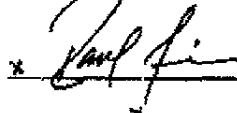
**ARTICLE VI INCORPORATOR(S)**

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

RAUL SILBER  
2999 NE 191 ST #240  
AVENTURA, FL 33180

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 6th of September, 2006.

Signature(s) of Incorporator (s)

\*  \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

PLATTINNI FLORIDA INC.

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

LEON EGOZI  
2999 NE 191 ST #240  
AVENTURA, FL 33180

Signature *Leon Egozi*

Title President Date 9/16/06

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 *Leon Egozi*  
Date 9/16/06