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SCURETARY OF STATE, TALLAHASSEE, FI ORBIG.

LAZARUS CORPORATE FILING SERVICE

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Examiner's Initials

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE:

ITALIAN DIRECT INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

17325 N.W. 61 PL MIAMI FLORIDA 33015

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS INCORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

JOSE A GOMEZ AROPEZA 17325 N.W. 61 PL MIAMI FLORIDA 33015 06 OCT 17 PM 2: 02
SECRETARY OF STATE
FALLAHASSEE, FLORIO

ARTICLE V INCORPORATOR(R)

THE NAMES AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

JOSE A GOMEZ AROPEZA 17325 N.W. 61 PL. MIAMI FLORIDA 33015

ARTICLE VI	DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

JOSE A GOMEZ AROPEZA 17325 N.W. 61 PL MIAMI FLORIDA 33015

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 15 DAY OF OCTOBER, 2006

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT\REGISTERED OFFICE

PERSUANT 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 AGEN, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS:

ITALIAN DIRECT INC.

THE NAMES AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

NAME:J	JOSE A. GOMEZ AROPEZA	
ADDRESS	17325 N.W. 61 PL.	
- CITY STATE ZIF	MIAMI FLORIDA 33015	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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 PERTAINING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIE, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE

DATE:

10/16/2006

06 OCT 17 PM 2: 02
SEURETARY OF STATE
TALLAHASSEE F. STATE