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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

## SIOLY'S CORP.

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

SIOLY'S CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4420 N.W. 107 AVE.#206 DORAL, FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

GENERAL PURPOSE CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES \$ 1.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

SIOLY MOTA-BESANI  
4420 N.W. 107 AVE  
#206  
DORAL, FL 33178

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

SIOLY MOTA-BESANI  
4420 N.W. 107 AVE.  
#206  
DORAL, FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SIOLY MOTA-BESANI  
4420 N.W. 107 AVE.  
#206  
DORAL, FL 33178

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

01-15-07  
Date

  
\_\_\_\_\_  
Signature/Incorporator

01-15-07  
Date

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