

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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: (850) 617-6381

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 : (305)552-5973

Fax Number : (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

DADE TRADER CORP.

Certificate of Status	0
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FROM : LAZARUS

FAX NO. :3052201440

Aug. 19 2008 04:44PM P2

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SECRETARY OF STATE
CALLAHASSEE, FLORIDA

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 | - NAME

THE NAME OF THE CORPORATION SHALL BE:

Dade Trader Corp.

ARTICLE II - PRINCIPAL OFFICE

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

3301 SW 99 AVL. Miam, Fl 33165

ARTICLE III - SHARES

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

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

William LARRoche, 3301 SW 99 AW.

Migmi, FL 33165

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE **ARTICLES OF INCORPORATION IS:**

William LARROCHE 3301 SW 99. AVE. Mami 1 FL 33/65

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS

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ARTICLE VI - DIRECTOR(S)

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

WILLiam LARRoche - (President) 3301 SW 99 AVE. Migmin FL 33165

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

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