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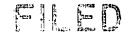
MIAMI, FL 33165 (305) 552-5973

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OD 4 00 4 ON A 1 A 3 CT (C) . C D O CT		Office Use Only
ORATION NAME(S) & DOCU	MENT NUMBER(S), (1	if known):
ELLUPAS,	INC	•
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	•
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	Certified Copy
Mail out	Photocopy	Certificate of Status
FILINGS Profit Not for Profit Limited Liability Domestication Other	Change of Region Dissolution/Winderger	thdrawal
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Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	rship
•		Examiner's Initials

#### ARTICLES OF INCORPORATION

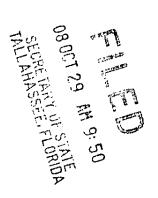


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The undersigned incorporator(s), for the purpose of forming a corporation of STATE under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I NAME**

The name of the corporation shall be: ELLUPAS, INC



#### **ARTICLE II PRINCIPAL OFFICE**

The principle place of business and mailing address of this corporation shall be:

8414 S.W. 163 PLACE MIAMI, FL 33193

#### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSEPH SIMONI 8414 S.W. 163 PLACE MIAMI,FL 33193

#### **ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JOSEPH SIMONI 8414 S.W. 163 PLACE MIAMI, FL 33193

#### **ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

JOSEPH SIMONI (PRESIDENT & SECRETARY) 8414 S.W. 163 PLACE MIAMI, FL 33193

ELVIRA SIMONI (VICE-PRESIDENT) 8414 S.W. 163 PLACE MIAMI, FL 33193

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 27 day of OCTOBER 2008.

5 Suph Sain
Signature
Signature
Signature

## 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.

1.	. The name of the corporation is: ELLUPAS, INC	Contraction of the second
2.	The name and address of the registered agent and office is:	
	JOSEPH SIMONI	True of
	(NAME)	SEE O
	8414 S.W. 163 pLACE	P
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	•
	MIAMI,FL 33193	_
	(CITY/STATE/ZIP)	-

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.

SIGNAT	rure x Explanin	_
DATE	10/27/2008	