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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

AGRES INDUSTRIAL SUPPLIER, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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December 24, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FASTKIT CORPORATE OUTFITS

SUBJECT: AGRES INDUSTRIAL SUPPLIER, INC.
REF: W08000056656

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent and street address must be consistent wherever it appears in your document.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H08000278575
Letter Number: 208A00061637

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision 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 Corporation is:

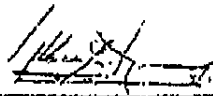
ARGES INDUSTRIAL SUPPLIER, INC.

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

**ALBERTO ROMERO
7703 N.W. 46th Street
MIAMI, FLORIDA 33166**

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: ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____



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TALLAHASSEE, FLORIDA

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