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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 : LAZARUS CORFORATE FULING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973 Phone

: (305)220-1440 Fax Number

FLORIDA PROFIT/NON PROFIT CORPORAT

MACHINERY GLASS CORP

 Certificate of Status Certified Copy 1 Page Count 03 \$78.75 **Estimated Charge**

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FROM : LAZARUS

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 - NAME

The name of the corporation shall be:

MACHINERY Glass CORP

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

16687 HEMINGWAY DR. WESTON FL 33326

<u>ARTICLE III – SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis Paduelo

16687 HEMINEWRY DR

WESTON FL 33326

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Nov. 03 2009 05:06PM P3

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ARTICLE V-INCORPORATOR

SECRETARY OF STATE TALLAMASSEE, FLORIDA

The name and address of the incorporator to these Articles of Incorporation is:

LUIS PASUELO

FROM : LAZARUS

16687 HEMINGUAY DR 4566 FL 3332

The undersigned incorporator has executed these Articles of Incorporation this

3 day of a 20 09.

ARTICLE VI-DIRECTOR (S)

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

Prosident Luis Paduolo 55% Vice Prosident CARlos MARSANO 20%

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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