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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

Effective Date

01-01-2010

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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This corporation will start operating on January 15, 2010.

FLORIDA PROFIT/NON PROFIT CORPORATION

THE 5 PARTNER CORP.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF CORPORATION

OF

THE 5 PARTNER CORP.

Effective Date

01-01-2010

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

THE 5 PARTNER CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

THE 5 PARTNER CORP.

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

**FREDDY ROYE
1925 BRICKELL AVE UNIT # D-506
MIAMI, FL. 33129**

The principal office shall be:

**1925 BRICKELL AVE UNIT # D-506
MIAMI, FL. 33129**

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NELSAY CORP
BERRIZ&GIRALDO

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ARTICLE VI

The Initial Board of Directors shall consist of a total of FIVE(05) person, and the name and address of the person who is to serve as an initial director is:

RICARDO E. SAYEGH
1928 BRICKELL AVE UNIT # D-508
MIAMI, FL. 33129

PRESIDENT-SECRETARY

NELSON SAYEGH
1928 BRICKELL AVE UNIT # D-508
MIAMI, FL. 33129

PRESIDENT-SECRETARY

NELSON ELIAS SAYEGH
1925 BRICKELL AVE UNIT # D-508
MIAMI, FL. 33129

PRESIDENT-SECRETARY

ELIAS A. SAYEGH
1925 BRICKELL AVE UNIT # D-508
MIAMI, FL. 33129

PRESIDENT-SECRETARY

MARIA SAYEGH
1925 BRICKELL AVE UNIT # D-508
MIAMI, FL. 33129

PRESIDENT-SECRETARY

The name and address of the incorporator executing these Articles of Incorporation is

FREDDY ROYE
1925 BRICKELL AVE UNIT # D-508
MIAMI, FL. 33129

IN WITNESS WHEREOF the undersigned Incorporator has (ve) executed these Articles of Incorporation this NOVEMBER 04, 2009.

[Signature]
FREDDY ROYE

ARTICLE VII

THIS CORPORATION WILL START OPERATING ON JANUARY 1ST, 2010.

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NELSON CORP

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**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 the corporation is:

THE 6 PARTNER CORP.

2. The Name and Address of the registered agent and office is wireless

**FREDDY ROYE
1925 BRICKELL AVE UNIT # D-506
MIAMI, FL 33129**

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.

SIGNATURE


Dated: NOVEMBER 04, 2009.

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TALLAHASSEE, FLORIDA

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