

1-3-15 **P95000000686**

Charter Number Only

Jose R. SOSA
 Signature's Name
570 East 49th
 Address
Wilkes, P. 33015
 City State Zip Phone
688-1716

FILED ONLY

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 -01704795--01068--005
 ****122.50 ****122.50

CORPORATION(S) NAME

SUNYCORP, INC.
SUNYCORP, INC.

FILED
 RECEIVED
 95 JAN -4 PM 2:05S JAN -4 AM 10:58
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

 Toll Free: 1-800-432-3028

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 H. SIMS JAN 4 1995

ARTICLES OF INCORPORATION

of

SUNYCORP, INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SUNYCORP, INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares (100) of FIVE Dollar(s) (\$ 5.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ALLAN SUNYOVSZKI		
ADDRESS	570 E 49 STREET		
CITY	HIALEAH	FLORIDA	ZIP 33013

The principal office, if known, or the mailing address of the corporation is:

NAME	ALLAN SUNYOVSZKI		
ADDRESS	570 E 49 STREET		
CITY	HIALEAH	FLORIDA	ZIP 33013

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ALLAN SUNYOVSZKI		
ADDRESS	4550 SW 71 AVENUE		
CITY	MIAMI	STATE: FLORIDA	ZIP 33155
NAME	DOGLA SUNYOVSZKI		
ADDRESS	4550 SW 71 AVENUE		
CITY	MIAMI	STATE: FLORIDA	ZIP 33155
NAME			
ADDRESS			
CITY		STATE	ZIP

95 JAN -4 PM 2:00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 171 - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ALLAN SUNYOVSKI		
ADDRESS	4550 SW 71 AVENUE		
CITY	MIAMI	STATE FLORIDA	ZIP 33155
NAME	DOGLA SUNYOVSKI		
ADDRESS	4550 SW 71 AVENUE		
CITY	MIAMI	STATE FLORIDA	ZIP 33155
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 3 day of JANUARY, 1995.

[Signature] (Seal)
[Signature] (Seal)
 (Seal)

STATE OF FLORIDA)
 COUNTY OF _____) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath (was)(was not) taken.

_____ NOTARY RUBBER STAMP SEAL
 Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 19____.

 Notary Signature

 Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

SUNYCORP, INC

(name of corporation)

95 JAN - 4 PM 2:06
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TALLAHASSEE, FLORIDA

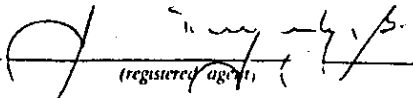
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 570 E 49 STREET
HIALEAH, FL 33013

has named ALLAN SUNYOVSKI
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office


(registered agent)