CORPORATION INFORMAT SERVICES, INC. 1201 HAYS STREET. TALLAHASSEE, FL 32301 904-222-9171 904-222-0393 FAX

95 FEB 21 11 20 6 1 1 3 3

DIVISION OF COLUMNIATION

MAIL TO: P.O. BOX 5828 TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE: 546058 119520A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: February 21, 1995

ORDER TIME : 9:38 AM

ORDER NO. : 546058

CUSTOMER NO: 119520A

CUSTOMER: Ms. Ivon Gallo

L & I GALLO ACCOUNTING

1213 South West 120th Way

Davie, FL 33325

DOMESTIC FILING

NAME: WANADI, INC.

95000014443

XXXXX ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXXXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

2-21-95 00/A

95 FEB 21 AH H: 59
SECKET'S
TALLANASSEE, FLORIDA

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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: _	WANADI, INC.
	(proposed corporate name)
Enclosed plea above corpor	ase find an original and one (1) copy of the articles of incorporation for the ation and check in the amount of \$122_50
	•
FROM:	JORGE GALLARDO
	1991 N.W. 188 AVENUE Address
	PEMBROKE PINES, FL 33029 City, State, & Zip
	(305) 435-5776 Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

<u>OF</u>

95	FIL	ED
SECI	15821 E/310	ED MH: 59 STATE FLORIDA
ייננק	HASSEE.	FLORID

WANADI, INC.

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:

WANADI, INC.

ARTICLE II PRINCIPAL OFFICE

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

1991 N.W. 188 AVENUE PEMBROKE PINES, FL 33029

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JORGE GALLARDO 1991 N.W. 188 AVE. PEMBROKE PINES, FL 33029

<u>ARTICLE Valid INCORPORATOR(S)</u>

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

president- JORGE GALLARDO 1991 N.W. 188 AVE. PEMBROKE PINES, FL 33029

Vice-Pres.- ELIZABETH GALLARDO 1991 N.W. 188 AVENUE PEMBROKE PINES, FL 33029

The undersigned has(have) executed these Articles of Incorporation this

13	day of !	ebruary	, 19 ⁹⁵
		× 200	Manne S
	•		Signature/Title Therican
		10	nufallardo
			Signature/Title_Lice ? Authout
			Signature/Title

CERTIFICATE OF DESIGNATION FIEGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: WANADI, INC.
	1991 N.W. 188 AVE. PEMBROKE PINES, FL 33029
2.	The name and address of the registered agent and office is:
	JORGE GALLARDO
	(NAME)
	1991 N.W. 188 AVENUE
	(P.O. BOX NOT ACCEPTABLE)
	PEMBROKE PINES, FLRIDA 33029
	(CITY/STATE/ZIP)
	SIGNATURE Campallardo (corporato officer)
	DATE 2/13/95
PF Th AN PF FC	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE HOVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERDRANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE DBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	DATE2/13/95

REGISTERED AGEN? FILING FEE: \$35.00