195000035204 SECRETARY OF STATE TALLAHASSEET FLORIDA

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

SUBJECT: BLANDES INC

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$_______.

FROM:

Name

1550 W. 8457 \$20

Address Health F1 33014

City, State, & Zip

(305) 823-6140

Telephone Number

300001441023 -03/28/95--01039--002 ****122.50 ****122.50

ARTICLES OF INCORPORATION

QF

FILED 95 MAR 27 PH 2: 18 SECRETARY OF STATE ALLAHASSEE, FLURIDA

BIANDES TW.

ersigned incorporator(s) for the purpose of forming a corporator

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:

BLANDES INC

ARTICLE II PRINCIPAL OFFICE

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

1550 W. P4 ST \$20 HIALEAH F| 32014 ARTICLE III CAPITAL STOCK

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

7500 COHMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

EDFAR ESPINOPA 1550 W. 84 ST #20 HILLEAH, FI 33014

ARTICLE V INCORPORATOR(S)

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

EGDAR ESPINOSA 15TO W. 84 ST \$20 HIAVEAH, FI 33014

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

| 17 | day of | HARCH | 19 07 5 |
| Signature/Title |
| Signature/Title |
| State Of FLORIDA

BEFORE ME, a Notary Public authorized to take acknowledgement in the State and county set forth above, personally appeared, all the above Incorporators known to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged to me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this

Notary Public

MARIA NARANAO

MY COMMISSION # CC 343107

EXPIRES: February 13, 1996

Bonded Turu Hotsey Fullin Underwriters

COUNTY OF DADE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED 95 MAR 27 PH 2: 18

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corpora-ATE tion, organized under the laws of the State of Florida, submits the following statement in RIDA designating the registered office/registered agent, in the state of Florida.

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		- Triblian
(NAME) (NAME) (P.O. BOX NOI ACCEPTABLE) (P.O. BOX NOI ACCEPTABLE) (CITY/STATE/ZIP) SIGNATURE (COTROTAL COMMENT TITLE DATE DATE O > - 17 - 95 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 HERBY 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	1.	The name of the corporation is: BIANDES INC
(P.O. BOX NOT ACCEPTABLE) (P.O. BOX NOT ACCEPTABLE) (COTROTALE AH	2.	The name and address of the registered agent and office is:
(P.O. BOX NOT ACCEPTABLE) (P.O. BOX NOT ACCEPTABLE) (COTROTALE ALT) (CO		CANE ESTINOTA
(CITY/STATE/ZIP) SIGNATURE (CITY/STATE/ZIP) SIGNATURE (COTROTALGORGE) TITLE DATE DATE DATE O 3 - 17 - 95 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 PERFIONS OF MY POSITION AS REGISTERED AGENT. SIGNATURE SIGNATURE		, ,
CITY/STATE/ZIP) SIGNATURE (CORPORAGE OFFICER) TITLE DATE DATE DATE O 3 - 17 - 95 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		1550 W. 84 ST * 20
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SIGNATURE DATE D		HILEAH, FI 33014
TITLE		(CITY/STATE/ZIP)
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	THI: AND PRO	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF DICESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN SCERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT DIAGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE DIVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGANS OF MY POSITION AS REGISTERED AGENT.