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TRANSMITTAL LETTER

FILED 95 HAY -1 AM 10: 35 SECRETARI MISTATE TALLAHASSEE, FLORIDA

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

1 CIDOD 1 4 7 1 4 5 1 -05/02/95--01131--016 +****78.75 *****78.75

| S JBJ | ECT: Figue | redo-Schwartz | Designs, Inc. | <u> </u> | | | | | | |
|---|-------------|-----------------------------|--------------------------------|--|---|--|--|--|--|--|
| (Proposed corporate name - must include suffix) | | | | | | | | | | |
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| Enclos | and a check | | | | | | | | | |
| for: | [] 470.00 | [| [] 4400 F0 | []A404.0F |] | | | | | |
| | \$70.00 | [x] \$78.75 | \$122.50 | \$131.25 | | | | | | |
| | Filing Fee | Filing Fee & Certificate | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate | | | | | | |
| | | | Additional Cop | y Required | | | | | | |
| | | | L | | 1 | | | | | |
| FROM: Ana-Maria Schwartz | | | | | | | | | | |
| Name (printed or typed) | | | | | | | | | | |
| | | | | | | | | | | |
| 5880_SW_51_Street | | | | | | | | | | |
| Address | | | | | | | | | | |
| Miami, FL 33155 | | | | | | | | | | |
| City, State & Zip | | | | | | | | | | |
| | | | | | | | | | | |
| (305) 666-1794 Daytime Telephone number | | | | | | | | | | |
| way mine i anapripria marina. | | | | | | | | | | |
| | | / | | | | | | | | |
| | | C. Co. | | | | | | | | |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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SECRETATION STATE

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Buliness Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Figueredo-Schwartz Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5880 SW 51 Street Miami, FL 33155

ARTICLE III SHARES

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 STREET ADDRESS

The name and address of the initial registered agent is:

Ana-Maria Schwartz 5880 SW 51 Street Miami, FL 33155

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Ana-Maria Schwartz, President 5880 SW 51 Street Miami, FL 33155

28 day of April , 1995 ... Signature

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

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED 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: | | Figueredo-Schwartz Designs, | Inc. | | |
|------------------------------------|---|----------------------------------|------------------|-----------|------|
| 2. | The name and address of the registered agent and office is: Ana-Maria Schwartz | | SECRET! | 95 HAY -1 | FILE |
| | | | SSEE, | | |
| | 5880 SW 51 S | (Name) Street | STATE Florida | AH 10: 3 | O |
| | (P O. Box | or Mail Drop Box NOT ACCEPTABLE) | > | ίχ | |
| | Miami, FL 3 | 3155 | | | |
| | | (CITY/STATE/ZIP) | | | |

Having been named as registered agent and \supset 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.

lue he shwarts April 28, 1995
(SIGNATURE) (DATE)