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SELICLIARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: AREX	O CONTRA	Cons.		
SUBJECT: ATKE A	Proposed corporate	name - must include suff	ixl	
·	,			
Enclosed is an origina	I and one (1) co	py of the articles of	incorporation	and a check
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee,	
	a ceruncau	Additional Copy	Certified Copy & Certificate Required	
FROM:	ALVARO 12/80 Name (RESTREPO printed or typed)		
	17	ARPINE TR. Address		
		Address	 60	0001634586
		ON FL. 3341	·/ -11/ ***	13/9501086014 *122.50 ****122.50
	City	, State & Zip		
	407-7906	C29 Telephone number		, 2
	Daytime	lelephone number		راها و
	1107) 64	1-3272	·	15-22613
	,		W.	()

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

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PH NOV 1 5 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 15, 1995

ALVARO RESTREPO 12380 SUGAR PINE TR WELLINGTON, FL 33414

SUBJECT: AREXPO CORP. Ref. Number: W95000022613

AREYPO CENTER COLT.

We have received your document for AREXPO-CORP. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall Document Specialist

Letter Number: 995A00050653

FILED

ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAMASSEE, FLORIDA

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:

APEXADO CORP.

AREXPOCENTER CORP.

ARTICLE II PRINCIPAL OFFICE

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

12180 SUGAR PINE TR.

WELLINGTON FL. 33414

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have ou standing at any one time is: 10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALVARO RESTREPO 12:80 SUGAR PINETR.

WELLINGTON FL. 33414

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):

ALUARO RESTREPO 12\$80 SUGAR PINE TR. WOLLINGTON FL. HARTHA RESTREPO 12\$80 SUGAR PINE TR. WOLLINGTON FL.

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

6 day of Movember , 19 95 .

Clears Restore

Signature

Signature

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 L. E.D.

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS LOST THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:	A-REYFO GOEP.
·	AREXPO CENTER CORP.
2. The name and address of the reg	gistered agent and office is:
ALVARO	RESTREPO (NAME)
12 3 80 50	BOX OF Mail Drop BOX NOT ACCEPTABLE)
WellING-	TON FL. 33414 (CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the office 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) 110-06-95