CHARG SION OF 1:25 PM UBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET DIVISION OF CORPORATIONS TO. FROM: FAS-T CORP. ABENTS, INC. DEPARTMENT OF STATE 8405 NW 53RD ST STATE OF FLORIDA SUITE C-100 409 HAST GAINES STREET MIAMI FL 33166-TALLAHABBEE, FL 32399 CONTACT: LIDIA **FERNANDEZ** FAX: (904) 922-4000 PHDNE: (305) 599-0839 FAX: (305) 592~9591 (((H960000001904))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: FELANITY CORPORATION FAX AUDIT NUMBER: H96000001904 CURRENT STATUS: REQUESTED DATE REQUESTED: 02/08/1996 TIME REQUESTED: 13:25:24 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 071001002335 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000001904))) ** ENTER 'M' FOR MENU, ** ENTER SELECTION AND (CR):

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SECRETARY OF STATE
TALLAHASSEE, FLORID!

ARTICLE OF INCORPORATION

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FELANITY CORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: FELANITY CORPORATION

The principal place of business of this corporation shall be:
692 W. 29 St. # 9
Hialeah,Fl.33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times $10.00=$1,000.00$

ARTICLE IV TERM () EXISTENCE

This corporation is to exist perpetually.

Prepared by: Basic Accounting Service 692 West 29th St., Suite 9 Hialeah, Fl 33012 (305) 887-4185

The selection

H96000001904

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) if any , who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

Norberto Jose D'Astolfo Director Ruta 9 Km. 161 San Pedro Provincia Buenos Aires, Argentina 2930 c/o Nector J. Hall 692 W. 29 St. # 9 Nialeah, Fl. 33012

Carlos Alberto Julia Ruta 9 Km. 161 San Pedro Provincia Buenos Aires, Argentina 2930 c/o Hector J. Hall 692 W. 29 St. # 9 Hialeah, Fl.33012

ARTICLE VI INCORPORATOR (S)

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

Norberto Jose D'Astolfo
Ruta 9 Km. 161 San Pedro Provincia
c/o Hector J. Hall 692 W. 29 St. # 9

Carlos Alberto Julia
Ruta 9 Km, 161 San Pedro Provincia
Secretary & Treasurer
Ruta 9 Km, 161 San Pedro Provincia
Buenos Aires, Argentina 2930
c/o Hector J. hall 692 W. 29 St. # 9 Hialeah, Fl.33012

The undersigned has (have) executed these Article of Incorporation this 8 th. day of February ,1996.

parture / Title

Signature / Title

Signature / Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

			FELANIT	x co	RPOR	ATION					 ·
	The	name	and addre	to a	the	regi	stered	agent	and	office	<u> </u>
	is		Nicolas	Gar	cia					7.00	L)
	***				(1)	(ame)				<u>[-</u> ;	Ui
			692 W. 2	9 st.	# 9					ELL'S	FEB -8
			(₽.	0. 1	OX N	OT A	CEPTA	LE)		in _C	
			Hialeah,	F1.33	012					FLOR	PH L:
•				(CIT	/STA	TE/ZI	(P)		-	<u> </u>	\ 25

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

DATE 2-8-96