P960000000091

Requestor's Name

890 S.W. 87 AVENUE SUITE: 16
Address

MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone //

LOCAL REPRESENTATIVE TALLAHASSEE

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Office Use Only

CORPORATION NAME(S)	ŠŁ	DOCUMENT NUMBER(S), (if known):	
		•	

1. U.S	(Corporation Name)	INC.		
	(Corporation Name)	(D	ocument #)	
2,	(Corporation Name)	(D	ocument #)	
3	(Corporation Name)	(D	ocument#)	·
1,	(Corporation Name)	(D	ocument #)	
a Walk in	Pick up time	2100	Certified Copy	
Mail out	Will wait	Photocopy	Certificate of Status	

	— полосору
NEW FILINGS SAN	MATENDMENTS:
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

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	Foreign	
	Limited Partnership	
	Reinstatement	
	Trademark	
	Other	

96 MAR -5 AHTH: 45 DIVISION OF CORPORATION

Examiner's Initials 935/96

ARTICLES OF INCORPORATION

OF

U.S.A. UISA INC.

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

96 KAR -5 PH 2: 04

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be: U.S.A. VISA INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:
 To have perpetual succession by its corporate name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1,000 shares, having an individual par value of $4100^{\frac{11}{100}}$

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be: DR. RAFAEL B. MEDINA, Ph.D. S445 COLLING AVENUE UNIT CU-17 MIAMI BEACH, PL 33140

The Principal office shall be:

5445 COLLINS AVENUE UNIT CU_17

MIAMIBEACH, FL 33140

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director is:

DR. RAPAEL B. MEDINA, Ph. D. S445 COLLINS AVE UNIT CULIT MIAMINGACH, PL 33140

The name and address of the incorporator executing these Articles of Incorporation is:

DR. RAPAEL B. MEDINA, Ph. D.
5445 COLLINS AUENUE UNIT CU-17
MIAM. BEACH, FL 33140

IN WITNESS WHEREOF, the undersigned incorporator has

(ve) executed these Articles of Incorporation this 4th day

of MARCH., 1976.

STATE OF FLORIDA)
COUNTY OF DADE }

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally
appeared known to me and
known by me to be the person(s) who executed the foregoing
Articles of Incorporation, and he (they) acknowledge before
me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this _____ day of ______, 19___.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE DIVISION OF BOTH CHATTONS

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the Statutes of the Statutes. following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: U.S.A. UISA INC
2.	The name and address of the registered agent and office is:
,	DR. RAFAEL B. MEDINA Ph.D.
	(P.O. BOX NOT ACCEPTABLE)
	MIAMI BEACH FL 33140
	(CITY/STATE/ZIP)

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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA. TIONS OF MY POSITION AS REGISTERED AGENT.

DATE

TNOR PORATOR