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

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, ,		index include at	·	1 (1017) 1400 14 T7 (44000) (361 041/220/06 010 71 000 44444 70, 75 44444 70, 75
Enclosed is an original	and one (1) co	py of the articles o	f Incorporation	and a check
for : \$70.00 Filing Fee	Filing Fee & Curtificate	#122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required	
FROM:	OSVAC WU Name	E. ALTER	MAN	<u>.</u> Eg. .g
	14220	N.E. SECONS	COURT	FIL 96 APR 22
	NORTH MIAHI- FLA- 33161			
	(305) 89	y, State & Zip		: 29
	Daytime	Telephone number		

AL APR 2 5 1996

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

ARTICLES OF INCORPORATION

FILED

96 APR 22 All 4: 29

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:

ALTER SYSTEMS INC

ARTICLE II PRINCIPAL OFFICE

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

2640 HOLLYWOOD BLV. SUITE #207 HOLLY NOOD - FIA - 33020

ARTICLE III SHARES

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

1.000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

OSVALDO E. ALTERMAN 14220 N.E. Zud. COVRT- C-3 NORTH MIAM - FLA-33/61

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):

USIALDO CLIAS ALTERMAN 111230 N.E. ZIGE. COLOT- C-3 N.MIAM - FIA - 33161

MARIA ALTERMAN 14220 N.E. Zud. (UURT-C-3 N.MAMI - FLA-33161

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:	ALTER SYSTEMS IM	p
2 The name and address of the reg	istered agent and office is:	
OSVAL.	DU E. ALVERMAN (NAME)	- 85 T
14220 (P.O. I	N.E. Z.W. COURT C-3 BOX OF MAIL Drop BOX NOT ACCEPTABLE)	22 三日
NURTH	MIXIMI - VCA - 33/6/	# 29

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.

Pralds C. Ditemman 4/18/1996 (SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, F. O. BOX 6327, TALLAHASSEE, FL 32314