

5/22/96

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY
DEPARTMENT OF REVENUE
STATE OF FLORIDA
1915 FLAGLER STREET
SUITE 200
MIRAMONTE BEACH, FLORIDA 33449

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: DRAGO BUSINESS, CORP.

FAX AUDIT NUMBER: H9600007228

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

96 MAY 22 PM 2:41

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Prepared By:
BFL Business
Elyane Bechtinger

141 NE 3rd Ave #206
Miami, FL 33132
(305) 373-6211



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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAY 22 PM 5:06

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ARTICLE I -- NAME

THE NAME OF THIS CORPORATION IS: DRAGO BUSINESS, CORP.

WITH THE PRINCIPAL PLACE OF BUSINESS LOCATED AT:

16175 NW 64th AVE #251
MIAMI LAKES, FL. 33014

ARTICLE II -- PURPOSE

THIS CORPORATION SHALL HAVE THE PERPETUAL EXISTENCE AND MAY ENGAGE IN ANY AND ALL LAWFUL BUSINESS UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE III -- CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE (1,000) SHARES OF ONE DOLLAR (\$ 1.00) PAR VALUE COMMON STOCK.

ARTICLE IV -- PREEMPTIVE RIGHTS

EVERY SHAREHOLDER, UPON THE SALE FOR CASH OR ANY NEW COMMON STOCK OF THIS CORPORATION, SHALL HAVE THE RIGHT TO PURCHASE THEIR PRO RATA SHARE (AS NEARLY AS MAY BE DONE WITHOUT ISSUANCE OR FRACTIONAL SHARES) AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

ARTICLE V -- INITIAL REGISTERED OFFICE

THE STREET ADDRESS OF THE REGISTERED OFFICE OF THIS CORPORATION IS:

16175 NW 64th AVE #251
MIAMI LAKES, FL. 33014

THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

RODRIGO RABELLO DA MOTTA

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ARTICLE VI -- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE 1 DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME THIS BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE INITIAL DIRECTOR(S) OF THIS CORPORATION IS/ ARE:

RODRIGO RABELLO DA MOTTA
PRESIDENT / DIRECTOR

ARTICLE VII -- INCORPORATOR

THE NAME AND ADDRESS OF THE PERSON SIGNING THIS ARTICLE IS:

RODRIGO RABELLO DA MOTTA
16175 NW 64th AVE #251
MIAMI LAKES, FL. 33014

ARTICLE VIII -- INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY ANY OFFICER OR DIRECTOR, OR ANY FORMER OFFICES OR DIRECTORS TO THE FULL EXTENT PERMITTED BY LAW.

ARTICLE IX -- MANAGEMENT OF CORPORATION SHAREHOLDERS

ALL CORPORATE POWERS SHALL BE EXERCISED BY OR UNDER THE AUTHORITY OF, AND THE BUSINESS AND AFFAIRS OF THIS CORPORATION SHALL BE MANAGED UNDER THE DIRECTOR OF, SHAREHOLDERS OF THIS CORPORATION.

ARTICLE X -- BY LAWS

THE POWER TO ADOPT, AFTER, AMEND OR REPEAL BY-LAWS SHALL BE VESTED EN THE BOARD OF DIRECTORS AND THE SHAREHOLDER.

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 19th DAY OF MAY OF 1996.

Incorporator

H96000007228



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CERTIFICATE DESIGNATING THE ADDRESS AND AN AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSETH:

THAT DRAGO BUSINESS, CORP. DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA, WHICH WILL HAVE ITS PRINCIPAL OFFICE IN THE COUNTY OF DADE, STATE OF FLORIDA, HAS APPOINTED:
RODRIGO RABELLO DA MOTTA

AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

ACKNOWLEDGMENT:

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:
DRAGO BUSINESS, CORP.

TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE CAPACITY OF REGISTERED AGENT FOR SAID CORPORATION, AND AGREE TO COMPLY WITH THE APPLICABLE PROVISION OF THE FLORIDA STATUTES, THIS:

19th DAY OF MAY, 1996.


Registered Agent

H96000007228



H96000007228

STATE OF FLORIDA)
)
COUNTY OF DADE)

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED:
RODRIGO RABELLO DA MOTTA

KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED SAME.

IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND AFFIXED MY OFFICIAL SEAL,

IN THE STATE AND COUNTY AFORESAID THIS 19th DAY OF MAY

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

FILED
96 MAY 22 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

My commission expires:



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Part I Complete This Part To Change Your Home Mailing Address

Check ALL boxes this change affects:

- 1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
 - ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here
- 2 Employment tax returns for household employers (Forms 942, 940, and 940-EZ)
 - ▶ Enter your employer identification number here _____
- 3 Gift, estate, or generation-skipping transfer tax returns (Forms 700, 709, etc.)
 - ▶ For Forms 700 and 709-NA, enter the decedent's name and social security number below.

▶ Name	▶ Social security number
4a Your name (first name, initial, and last name)	4b Your social security number
5a Spouse's name (first name, initial, and last name)	5b Spouse's social security number
6 Prior name(s). See instructions.	

7a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
7b Spouse's old address, if different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
8 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

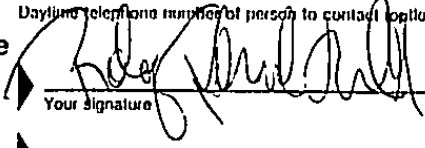
Check ALL boxes this change affects:

- 9 Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1085, 1120, etc.)
- 10 Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions.
- 11 Business location

12a Business name DRAGO BUSINESS CORP	12b Employer identification number 65 0673522
13 Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 16175 NW 64TH AVE MIAMI LAKES, FL 33014-7537	Room or suite no. 251
14 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 18709, BISCAYNE BLVD AVENTURA, FL 33180	Room or suite no.
15 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. SAME	Room or suite no.

Part III Signature

Daytime telephone number of person to contact (optional) ▶ **(305) 362-6391**

Please Sign Here ▶  **1/21/97** ▶

Your signature Date

▶ If joint return, spouse's signature Date

▶ If Part II completed, signature of owner, officer, or representative Date

▶ Title