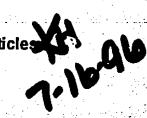
96 JUL 15 FH 2: 32

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

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			一U r. 身外:	00010119939005 71679601015014 ***78.75 *****78.75		
Enclosed is an original and one (1) copy of the articles of incorporation and a check for :						
\$70.00 Filing Faa	\$78.75 Filing Fee & Certificate	\$122,50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificato Required			
FROM: Robect Brent Name (printed or typed)						
12100 NE 16 AUC 52:16 201 Address						
1. 17. ami, FC 33161 City, State & Zip						
	(305)	893-444	0			

NOTE: Please provide the criginal and one copy of the articles

Daytime Telephone number



ARTICLES OF INCORPORATION

FILED 96 JUL 15 FII 2: 3?

The undersigned incorporator(s), for the purpose of forming a corporation under the Fjorida Business (E. ORIDA

ARTICLE NAME

The name of the corporation shall be:

Bloodroot, Inc.

PRINCIPAL OFFICE

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

12100 NE 11, AVC 52:40 201 M. Miumi, FL 33161

> ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time One HOUSAND (1000)

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

> Robert W. Prince, Esq. 12100 NE 16 Ave 50ite 201 N. Miami, FL 33161

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):

Renauld Roker, President 12100 Ni 16 Nue Suile 201 N. Miami, FL 33161 David Olinsky Secretary 12100 NE 16 Nue Suite 201 N. Miami, FL 33161

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

10 day of 10 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

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:	Bloodroot, Inc.				
2,	The name and address of the regi	stered agent and office is:	. <i>p</i>			
	Pobert W. Prince Esq. Fig. 5					
	(2100	NE 16 ALC SUITE 20 OX OF MAIL Drop BOX NOT ACCEPTABLE)	5 H 2			
		CITY/STATE/ZIP)	15 1 23 23 23 23 23 23 23 23 23 23 23 23 23			

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.

(SIGNATURE) T- 4-96
(DATE)