

F96000059946

10

7/17/96

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

11:48 AM

((H96000009916))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H96000009916))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: ALLUSIVE INDUSTRIES, INC.

FAX AUDIT NUMBER: H96000009916

CURRENT STATUS: REQUESTED

DATE REQUESTED: 07/17/1996

TIME REQUESTED: 11:48:02

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.

((H96000009916))

** ENTER 'M' FOR MENU. **

7/17/96

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC PROCESSING MENU

11:48 AM

96 JUL 17 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

96 JUL 17 PM 1: 28
RECEIVED

Handwritten signature/initials

1196000009916

ARTICLES OF INCORPORATION

FILED
96 JUL 17 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ALLUSIVE INDUSTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

3790 N.W. 81 ST. HIALEAH, FL 33147

ARTICLE III SHARES

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

ONE HUNDRED SHARES NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES WRIGHT 6197 W 15 CT. HIALEAH, FL 330123

Pedro M. Ramos, C.P.A., P.A.
594 E 9th St., Suite A&B
Hialeah, FL 33010

(305)895-9485

H96000009916

H96000009916

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):

JAMES WRIGHT

6197 W 15 CT.

HALEAH, FL 33012

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13TH day of JULY, 1996.


Signature

signature

signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

H96000009916

H96000009916

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

FILED
96 JUL 17 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ALMISTIVE INDUSTRIES, INC.

2. The name and address of the registered agent and office is:

JAMES WRIGHT

(Name)

6197 W 15 CT.

(P.O. Box or Mail Drop NOT acceptable)

MIALEAH, FL 33012

(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 performance of my duties, and I am
familiar with and accept the obligations of my position as
registered agent.


(Signature)

July 16 1996
(Date)

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

H96000009916