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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399

FROM: FAS-T CORP. AGENTS, INC.  
8405 NW 53RD ST  
SUITE C-100  
MIAMI FL 33166-

CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-8839  
FAX: (305) 592-9591

FAX: (904) 922-4000

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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

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

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96 JUL 17 PM 1:28

*[Handwritten signature]*

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## ARTICLES OF INCORPORATION

96 JUL 17 PM 4:14  
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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.

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### 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

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### 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

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### 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

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

(305)895-9485

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**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.

HTALEAH, 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.

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TALLAHASSEE, FLORIDA

**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:

ALLIATIVE 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)

MIAMI, 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

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