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FLORIDA DIVIGION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER BHEET

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{((1)74000012767 5))}

TO: DIVISION OF CORPORATIONS

FAX #1 (904)922-4001

FROM ACE INDUSTRIES. INC.

ACCT#1 070744001530

CONTACTI LYNN FRIEDMAN PHONE: (305)358-2571

FAX #1 (305)338-7832

NAME: CLICHE ENTERPRISES INC.

AUDIT NUMBER..... H74000012767

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

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ARTICLES OF INCORPORATION

OF

GLICHE ENTERPRISES INC.

WE, the undersigned, baraby associate ourselves together for the purpose of organizing a corporation under the Laws of the State of Florids, providing for the formation for profit, with the powers, rights, privileges and immunities hereinafter mentioned, and we make, subscribe and acknowledge, and file with the Sucretary of State for the State of Florids, this Certificate of Incorporation, and to that end we do, by these Articles, set forth:

ARTICLE I

The name of this corporation shall be:

CLICHE ENTERPRISES INC.

ARTICLE 11

The general nature of the business to be transacted by this corporation shall be:

(a) to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE 111

The capital stock of this corporation shall be composed of One Hundred (100) shares of \$1. par value, payable in lawful money of the United States of America, or in property, labor or services, at a just valuation to be fixed by the directors of the corporation at the organization meeting had after the granting of the Charter herein applied for. The capital stock shall be sold, assigned, issued and transferred only in accordance with such By-Laws as the corporation may, from time to time, make, change or alter and shall be fully paid for at the time of issue, and non-assessable.

ARTICLE IV

Amount of Capital Stock Paid In

The amount of capital stock with which the corporation shall begin business shall not ace INDUSTRIES, INC.

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be less than the sum of ONE HUNDRED (\$ 100.00) DOLLARS.

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ARTICLE_Y

Term of Existence

The term of existence of this corporation shall be perpatual.

ARTICLE_VI

The principal office and place of business of this corporation shall be 2121 PONCE DE LEON BLVD., SUITE #1000, CORAL GABLES, FLORIDA 33134 with the privilege of establishing other offices and places of business throughout the State of Florida and in any of the several states, territories, possessions and dependencies of the United States of America, the District of Columbia and in foreign countries, as may be designated by vote of the stockholders.

The registered office of CLICHE ENTERPRISES INC. shall be 2121 PONCE DE LEON BLVD., SUITE #1000, CORAL GABLES, FLORIDA 33134 and the registered agent is ADA B. PANDO whose address is 2121 PONCE DE LEON BLVD., SUITE #1000, CORAL GABLES, FLORIDA 33134.

ARTICLE VIII

The number of directors of the corporation shall not be less than one (1) nor more than ten (10).

ARTICLE VIII

The name and post office address of the director who, subject to the By-Laws, shall hold office until his successor is elected and have qualified, is as follows:

ADA B. PANDO

2121 PONCE DE LEON BLVD., #1000

CORAL GABLES, FLORIDA 33134

ARTICLE_IX

Name and Post Office Address of Subscribers

The name and post office address of each subscriber of this Certificate of Incorporation, and the number of shares of stock each agrees to take, are as follows:

ADA B. PANDO

2121 PONCE DE LEON BLVD.

100 shares - \$100.00

SUITE #1000

CORAL GABLES, FLORIDA 33134

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ARTICLE_X

The following named persons shall be the officers of this corporation for the first year of its existence or until their successors are elected and have qualified:

ADA B. PANDO

PRESIDENT / VICE PRESIDENT

ARTICLE XI

The business of this corporation shall be conducted by its Board of Directors, the members of which shall be chosen at the annual meeting of the stockholders, and the following officers, to-wit: a President, Secretary, Treasurer, together with such other officers agents and/or factors as may be deemed necessary. Any and all of such officers may or may not be stockholders, and each shall hold office until his successor is chosen and duly qualified. All officers, agents and/or factors may or may not be directors of the corporation, except for the President, who must be a director. Any person may hold two offices provided, however. that the President simil not also be the Secretary or Assistant Secretary of this corporation.

IN WITNESS WHEREOF, I have made, subscribed and acknowledged this Certificate this 11th day of Sententer 1996. ADA B. PANDO

STATE OF FLORIDA) COUNTY OF DADE

ON THIS DAY, personally appeared before me, a Notary Public of the State of Florida at Large, ADA B. PANDO, to me wall known and by me known to be the person described in and who signed the foregoing Certificate of Incorporation, and they severally acknowledged to and before me that they signed the same freely and voluntarily and for the uses and purposes therein expressed.

WITNESS my hand and official seal at Mismi, Florida, this // day of September 1996.

E.Florida at Large

zakim expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OF POMICILE E

FLORIDA, NAMING AGENT UPON WHOM PROGESS MAY DE BERVED.
IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:
FIRST THATCLICHE ENTERPRISES INC. (NAME OF CORPORATION)
DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDAY,
WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF CORAL GABLES (CITY)
STATE OF FLORIDA, HAS NAMED ADA R. PANDO (NAME OF RESIDENT AGENT)
LOCATED AT 2121 PONCE DE LEON BLAD. SUITE \$1000 (STREET ADDRESS AND NUMBER OF BUILDING, POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)
CITY OF CORAL GABLES , STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCE
a bollabel.
SIGNATURE X Solo 3. Dans (CORPORATE OFFICER) ADA B. PANDO
TITLE PRESIDENT
DATE X 9-11-96
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT TO PLACE DESIGNATED IN THIS CERTIFICATE,: HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.
SIGNATURE X ALL B. PANDO (RESIDENT AGENT) ADA B. PANDO
DATE X 9-11-96

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