CAPITAL CONSISTED AND. 417 E. Virginia St., Suite 1, Tallaharsee, FL 32301, (904)224 8870 Mailing Address: Post Office Box 10349, Tallaharsee, FL 32302 RE: Tallacan April 1044

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connectio

Political

CERTIFICATE OF INCORPORATION

ItALIAN AMERICAN POLITICAL CLUB ADD DESCRIPTES, TAKE.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of the corporation shall be:

Ilalian American Polifical Club AND ASSOCIATIS, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

7164 NO. UNIVERSITY OR

TAMARAC, Florida 33321

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

| ARTICLE VIII |
|--|
| The names and street addresses of the first Board of Directors of this Corporation are as follows: |
| Andero MELA THEY NO Unitersity DR |
| Joseph Gardio 1164 NO. University DR |
| ARTICLE IX |
| The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows: |
| Antelo Mela They NO. University Dx |
| Joseph GAUGIO 2164 NO. University DR |
| ARTICLE X |
| The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record. |
| IN WITNESS WHEREOF, the undersigned, |
| and |
| both being natural persons, competent to contract, has hereunto set their hand(s) and Seal(s) this 2/ |
| day of OCT., 19 96. |
| ancelo Melo (SEAL) |
| Men Livelic (SEAL) |
| STATE OF FLORIDAL |

COUNTY OF BROWARD)

| of Flor | FORE ME, the undersigned Notary Public of the State ida, personally appeared |
|-------------------|--|
| and | , to me well known and |
| executed acknowle | o me to be the individuals described in and who if the forgoing Articles of Incorporation, and they edged before me that they executed the same freely untarily for the purpose therein expressed. |
| WIT | TNESS my hand and official seal this |
| day of | , 19 |
| (NOTARY | SEAL) |

Notary Public, State of Florida

CERTIFICATE DESIGNATING PLACE OF BUSINESS,
OR DOMICILE FOR THE SERVICE OF PROCESS AND BUSINESS,
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS
MAY BE SERVED.

In pursuance of Chapter 48.091, 7 oridz Statutes, the following is submitted, in compliance with said act:

FIRST, That CIUD AND ASSOCIANS, INC desiring to organize under the laws of the State of Florida with its principal offices as indicated in the Articles of Incorporation, in the City of

County of BROWARD , State of Florida,

has named ANGELO INCLA

located at 2164 NO. United by DR

IAMAINC , Florida, 3331 ,

as its agent to accept services of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By:

Resident Agent

Mola Anteio n ela