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

| C*** | |
|----------|---|
| SUBJECT: | 4 |

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee & Certificate \$122.50

Filing Fee

& Certified Copy

4 \$131.25

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Miguel Gutierrez
Name (Printed or typed)

NESHANIC STATION NO.

4

ARTICLES OF INCORPORATION

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.

> ARTICLEI NAME '

The name of the corporation shall be:

ELMA INCORPORATED.

ARTICLE II PRINCIPAL OFFICE

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

497 HARDWOOD PLACE BOCA RATON, FL 33431

ARTICLE III **SHARES**

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

1000

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

MIGUEL GUTIERREZ

497 HARDWOOD PLACE

BOGA RATON, FLORIDA 33431

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):

MIGHEL GUTIERIZEZ 497 HARDWOOD PLACE
BOCA RATON, FL 33431

ELENA GUTIERREZ 497 MARONDOD PLACE
BOCA RATIN, FL 33431

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

12 day of November 19 96.

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

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.

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: | ELMA INCOM | PORATED | - |
|---------------------------------------|--|----------|-----|
| 2. The vame and address of the regist | tered agent and office is: | 125 10 E | A |
| MiGUEL | GUTIERREZ (NAME) | 13 P. | |
| 497 /- (P.O. Box | HARDWOOD PLACE OF Mail Drop Box NOT ACCEPTABLE | FLORIDE | 333 |
| BOCA R | CHY/STATE/ZIP) | 3343/ | |

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 a gistered agent.

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