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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: DUFFY INC.

AUDIT NUMBER..... H97000003121

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

DUFFY SHOP INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

DUFFY SHOP INC.

The principal place of business of this corporation shall be:

114 N.E. 3 AVE MIAMI, FL. 33132

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

# ARTICLE III CAPITAL STOCK

The aggregate numbers of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:  $100 \text{ SHARES} \times $10.00 = $1,000.00$ 

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Claudia E. Quiroz 5555 Collins Ave Apt. 11-D Miami Beach, F1 33140 (305) 887-4185

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# ARTICLE V OFFICERS DIRECTORS

The name (8) and street address (68) of the initial officer (8) if any , who shall hold office the first year of the corporation's existence or until their successor (8) is (are) elected, is (878):

CLAUDIA E. QUIROZ

DIRECTOR

5555 COLLINS AVE APT 11-D

MIAMI BEACH, FL. 23140

FERNANDO QUIROZ

DIRECTOR

5555 COLLINS AVE APT 11-D

MIAMI BEACH, FL. 33140

# ARTICLE VI INCORPORATOR (S)

The name (s) and street address (es) of the Incorporator (s) to these Article of Incorporation is (are):

CLAUDIA E. QUIROZ

PRESIDENT (50 SHARES)

5555 COLLINS AVE APT 11-D MIAMI BEACH, FL. 33140

FERNANDO QUIROZ

SECRETARY, TREASURER

5555 COLLINS AVE. APT 11-D

MIAMI BEACH, FL. 33140

The undersigned has (have) executed these Article of Incorporation this 21st day of FEBRUARY ,1997.

Signature / Fitte

Signature / Title

Signature / Title

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SECRETARY OF STATE TALLAMASSEE, FLORIDA

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICER

Fursuant to the provisions of sections 607.0501 or 617.0501, Plorida Statutes, the undersigned corporation, organized under the laws of the State of Plorida, submits the following statement in designating the registered officer/registered agent, in the State of Plorida.

The	name of the corporation is:
<del></del>	DUPPY SHOP INC.
The is:	name and address of the registered agent and of
	(name)
	5555 COLLINS AVE APT. 11-D
	(P.O.BOX NOT ACCEPTABLE)
	MIAMI BEACH, FL. 33140
	(CITY / STATE / ZIP CODE)

HAVING BREN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIRED 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 1997

FEBRUARY 21, 1997