1626 City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): ERPRISES (NC. (Document #) (Corporation Name) (Document #) 700002208737--6 -06/11/97--01064--019 (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 200 Certified Copy Mail out □ Will wait Certificate of Status Photocopy NEWFILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director **Limited Liability** Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger Civiloration Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials

#### ARTICLES OF INCORPORATION

OF

GBB ENTERPRISES TREET 88

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 | NAME

The name of the corporation shall be:

(-BB ENTERPRISES THC

## ARTICLE II PRINCIPAL OFFICE

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

11057 S.W. 127 PLACE MIAMI F/ 33186

## ARTICLE III CAPITAL STOCK

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

7500 COMMON SHARES \$1,00 PAR VALUE EACH.

## ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Mr. GLOCTANO ALETANDRO PINEDA. 11057 S.W. 137 PINCE. MIAMI FI 33186

### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

110 17	S.W. 137 Place
MIANI	F/ 331P6
The undersigned has(have) execute	
day of	Signature/Title
	· Signature/Title
STATE OF FLORIDA COUNTY OF DADE	Signature/Title
forth above, personally appeared, all the	ed to take acknowledgement in the State and county set above Incorporators known to be and known by me to be Articles of Incorporation, and they acknowledged to me that ation.
IN WITNESS WHEREOF, I have set m	y hand and seal in the State and County above, this
Mary Public	FELIX R. MAYNI FELIX R. MAYNI EXPIRES ID. 4/11/00 / FELIX R. MAYNI EXPIRES ID. 4/11/00 / FORMAL CC547125
My Commission Expires:	True Till

# CERTIFICATE OF DESIGNATION 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: GBB BN TERPTUSES LINC.
2.	The name and address of the registered agent and office is:  Mr. GUSTANO ED PINEDA
	(NAME)
	11059 SW 137 Place
	(P.O. BOX NOT ACCEPTABLE)
	MIAMI FI 34PL
	(CITY/STATE/ZIP)
	SIGNATURE (corporate officer)
	TITLE
	DATE
PF TH AN	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF COCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN COCESTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE
FC	OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER PRIMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBJIGA. I DOWN OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE
	57 S ***