#### (((H97000010646 2)))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: RAVES IMPORT & EXPORT, INC.

AUDIT NUMBER...... H97000010646

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

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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NUM

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# ARTICLES OF INCORPORATION RAVES IMPORT & EXPORT, INC

ARTICLE I

The name of this corporation shall be: RAVES IMPORT & EXPORT,INC

With the principal place of business located at: 5480 INTERNATIONAL DR. ORI.ANDO FL 32.819

## ARTICLE II GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

### ARTICLE III CAPITAL STOCK

This Corporation is authorized to issue 1000 shares of Common Stock, par value \$1,00(one U.S. dollar) per share.

## ARTICLE IV PREEMPTIVE RIGHTS

Every shareholder, upon the sale for each or any new common stock of this Corporation, shall have the right to purchase their pro rate share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

### ARTICLE V

INITIAL REGISTERED OFFICE
The street address of the registered office of this Corporation is:

5480 INTERNATIONAL DR.

ORLANDO FL 32.819

The Name of the initial REGISTERED AGENT of this Corporation is: ROBERTO B.MELLO

Prepared by: The LAW Offices of Alan S.Glubck Alan S.Glueck & 224278 141 NE 3<sup>LD</sup> ave 9<sup>TE</sup> Floor, Miamiti. 13132(305) 273-6211

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#### ARTICLE VI INITIAL BOARD OF DIRECTORS

This Corporation shall have 1 Director(s) initially, the number of Directors may be either increased or diminished from time to time the bylaws, but shall never be less than one (1). The initial Director(s) of this Corporation is/are:

President - ROBERTO B.MELLO

#### ARTICLE VII INCORPORATOR

The name and address of the person signing this article is;
ROBERTO B.MELLO

\$480 INTERNATIONAL DR.

ORLANDO FL 32.819

### ARTICLE VIII INDEMNIFICATION

The Corporation shall indemnify any officer or Director, or any former officers or Directors to the full extent permitted by law.

### ARTICLE IX MANAGEMENT OF CORPORATION SHAREHOLDERS

All Corporate powers shall be exercised by or under the authority of, and the business and affairs of this Corporation shall be managed under the Director of, shareholders of this Corporation.

ARTICLE X BY LAWS

The power to adopt, after, amend or repeal by-laws shall be vested on the BOARD OF DIRECTORS and the SHAREHOLDER.

IN WITNESS WHEREOF, The undersigned incorporator has executed these Article of Incorporation this 20 DAY OF JUNE 0F 1997

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STATE OF FLORIDA)
COUNTY OF DADE

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN STATE AND COUTY SET FORTH ABOVE, PERSONALLY APPEARED.

ROBERTO B.MELLO

KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED SAME.

IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND AFFIXED MY OFFICIAL SEAL,

IN THE STATE AND COUNTY AFORESAID

THIS 20 DAY OF JUNE 1997

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

ET ASSE BECAT ISS.

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LY CORM. Exp. 347 10, 1; 3

COMM. ECC: SECON

My commission expires;

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97 JUN 27 PH 2:52
SECRETARY STATE AND ADDRESS OF THE PROPERTY OF THE PROPERTY

CERTIFICATE DESIGNATING THE ADDRESS AND AN AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSETH:

THAT RAVES IMPORT & EXPORT, INC
DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA,
WILCH WILL HAVE ITS PRINCIPAL OFFICE IN THE COUNTY OF DADE, STATE
OF FLORIDA HAS APPOINTED:

ROBERTO B.MELLO

AS ITS AGENT ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

ACKNOWLEDGMENT:

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:

RAVES IMPORT & EXPORT, INC.

TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT INTHE CAPACITY OF REGISTERED AGENT FOR SAID CORPORATION, AND AGREE TO COMPLY WITH THE APPLICABLE PROVISION OF THE FLORIDA STATUTES.

Tius

20 DAYOF JUNE

. 1997

Registered Agent

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#### SPECIFIC POWER OF ATTORNEY

BE IT KNOWLEDGED, THAT I, RAVES IMPORT & EXPORTANC. UNDERSIGNED, TO HEREBY GRANT A LIMITED AND SPECIFIC POWER OF ATTORNEY TO THE LAW OFFICES OF ALAN S. GLUECK, OF MIAMI, FL - AS MY ATTORNEY IN-FACT.

SAID ATTORNEY-IN-FACT SHALL HAVE FULL POWER AND AUTHORITY TO UNDERTAKE AND PERFORM ONLY THE FOLLOWING ACTS ON MY BEHALF: MANAGE THE PROCEDURES IN ORDER TO OBTAIN FRIN MANY KIND OF BUSINESS LICENSES, INQUIRE ABOUT LIABILITIES WITH THE IRS., FLORIDA DEPARTMENTS, CUSTOMS, AND ANY OTHER GOVERNMENTAL OFFICE. THE AUTHORITY HEREIN SHALL INCLUDE SUCH INCIDENTAL ACTS AS ARE REASONABLY REQUIRED TO CARRY OUT AND PERFORM THE SPECIFIC AUTHORITIES GRANTED HEREIN.

MY ATTORNEY-IN-FACT AGREES TO ACCEPT THIS APPOINTMENT SUBJECT TO ACT AND PERFORM IN SAID FIDUCIARY CAPACITY CONSISTENT WITH MY BEST INTEREST AS MY ATTORNEY-IN-FACT IN THIS DISCRETION DEEMS ADVISABLE.

THIS POWER OF ATTORNEY IS EFFECTIVE UPON EXECUTION, THIS POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME, AND SHALL AUTOMATICALLY BE REVOKED LIPON MY DEATH PROVIDED ANY PERSON RELYING ON THIS POWER OF ATTORNEY SHALL HAVE FULL RIGHTS TO ACCEPT AND RELY UPON THE AUTHORITY OF MY ATTORNEY-IN-FACT UNTIL IN RECEIPT OF ACTUAL NOTICE OF REVOCATION.

SIGNED UNDER SEAL THIS STATE OF FLORIDA COUNTY OF DADE On before me. ALAN S. GLUECK personally appeared: Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the

same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument,

WITNESS MY HAND AND OFFICIAL SEAL. Signature Notary Public LYANE BECHTING R State of Florida Comm. Eq. July 18, 12 Comm. FLT (F20-1

Type of ID

Affiant\_ Known X Produced ID

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