8/25/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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(((H97000014011 5)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839

FAX #1 (305) 716-0346

NAME: RN INTER INC.

AUDIT NUMBER..... H97000014011

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

CERT. OF STATUS...1

PAGES..... 3

CERT. COPIES..... Ø

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

** ENTER 'M' FOR MENU. **

ARTICLES OF INCORPORATION

RN INTER 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: RN INTER INC.

The principal place of business of this corporation shall be: 245 S.E. 1st St. # 412-B Miami, FL 33131

ARTICLE IL 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 number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000 Shares \$ 1.00 per value

ARTICLE IV TERM OF EXISTENCE This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

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

Marilande Franca

9207 SW 147th Ct. Miami, FL 33186

Prepared by: Marilande Franca

245 S.E. 1st St. #412-B

Miami, FL 33131 (305) 358-6082

ARTICLE VI INCORPORATOR(S)

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

Marilande França

245 S.E. 1st St., Suite 412-8 Miami, FL 33131

Signature(s) of Incorporator(s)

(a) montrance

STATE OF FLORIDA COUNTY OF

THE FOREGOING Instrument was acknowledged and sworn to before me this

of (Name of Corporation)

Notary Public

My Commission Expires:

(SEAL)

ARTICLES OF INCORPORATION FILING FEE: 1732

H97000014011

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:	RN INTE	RI	NC,					
			,.						
2.	The name and address of the regist	ered age	nt e	ind offic	e is:			, 	16
	Marilande Fr	anca ACCEPT	ARI	El				· ·	,
	245 S.E. 1st St. # 4				131			:	1
	(CITY/STATE/ZIP)						·		ر. پي
		•							
	·	SIGNAT			porate	officer officer			_
		DATE_		8/25/9	7				*********
TQ PR FO	VING BEEN NAMED TO ACCEPT SE RPORATION, AT THE PLACE DESIG ACT IN THIS CAPACITY, AND I OVISIONS OF ALL STATUTES REL RMANCE OF MY DUTIES, AND I ACC IN 607.325, FLORIDA STATUTES.	FRVICE C	OF F NTI IER O TI IE D	PROCE HIS CE AGRE HE PRO UTIES	SS FO RTIFIC	COM	HEREE PLY V	BY AG VITH	REE
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REGISTERED AGENT FILING FEE: