(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

800002318318---1 -10/13/97--01025--020 ****122.50 ****122.50

Re: SCULPTURES DESIGNS, INC. , Inc. (Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

97 OCT 13 PH 2: 47

ABEL VIVAS (Individual's Name)

SCULPTURES DESIGNS, INC.
(Name of Corporation)

SCULPTURES DESIGNS, INC.
84 00 SW 133RD. AVE.RD.#302
MIAMI FL 33183

PHONE

(305) 752-5665
Area Code Number Ext.

ARTICLES OF INCORPORATION

οf

| SCULPTURES DESIGNS. INC. | |
|--------------------------|--|
| (name of corporation) | |
| | at the second se |

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

| The name of the corporation is: | ARTICLE I - CORPORATE NAME | and the state of t | | |
|---------------------------------|----------------------------|--|--|--|
| | SCULPTURES DESIGNS, INC. | 13 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | |
| | APTICLE IL DUPATION | 13. E | | |

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV · CAPITAL STOCK The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

| STREET ADDRESS | SCULPTURES DESIGNS, 1 | INC. | |
|-----------------|-----------------------|---------------------------|-----------|
| | 8400 S.W. 133RD. AVE. | . RD. NO. *XXX 302 | |
| CITY | MIAMI | FLORIDA | ZIP 33183 |
| Mailing address | , if different | | |
| STREET ADDRESS | | | |
| | (SAME) | | |
| CITY | | FLORIDA | ZIP |

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

| NAME | ABEL VIVA | s | | |
|---------|-----------|------------|---------------|-----------|
| ADDRESS | 8400 s.w. | 133RD. AVE | . RD. No. 302 | |
| CITY | MIAMI | | FLORIDA | ZIP 33183 |

| This corporation of the init | on shall have | (Alter | 1) direct Laws, but shall no follows: | | number of directors may ne (1). The names and |
|---|---------------------------------------|--|--|---|--|
| NAME | ABEL VIVAS | , | | | <u> </u> |
| ADDRESS | | 133RD. AVE. RD. | NO 200 | | |
| CITY | MIAMI | 19910, AVE. AD | STATE | | 710 |
| NAME | | · · · · · · · · · · · · · · · · · · · | | FLORIDA _ | ZIP - 33183 |
| ADDRESS | | | | | |
| CITY | | | STATE | | |
| NAME | | | | | ZIP |
| ADDRESS | | | | | |
| CITY | | | STATE | | ZIP |
| NAME | ABEL VIVAS | orators signing these | radices of incorp | oración are as follo | ows: |
| ADDRESS | 8400 S. W. | 133RD, AVE. RD. | NO. 302 | | |
| CITY | MIAMI | | STATE | FLORIDA | ZIP anno |
| NAME | | | | I_DORIDA | ZIP 33183 |
| ADDRESS | | | | | |
| CITY | | | STATE | | ZIP |
| NAME | | | | | at the |
| ADDRESS | | | i de la companya de l | | App App |
| CITY | , , , , , , , , , , , , , , , , , , , | 4. | STATE | e de la companya de | ZIP |
| he undersigned inc ay of <u>OCTOB</u> | corporator(s) hav ER | e executed these A | ticles of Incorpo | oration this S | EVENTH |
| orn to and subscribed be 2 day of 0 7 | Jack Honds | MARSON CONTROL OF THE PROPERTY | Mae | <u>les</u>]/ ₇ | (Signature) |
| sonally Known ORmPr to of Identification Produ | roduced Identification load | PCC 834882 | * * * * * * * * * * * * * * * * * * * | | (Signatùre) (Signature) |

CERTIFICATE OF DESIGNATION REGISTERED AGENTY REGISTERED OFFICE



| | S | CULPTURES DE | SIGNS, INC. | |
|---------------|------------------------|----------------------|---------------------------|----------------------------|
| | | (name of co | riporumony | |
| | | | | |
| Pursuant to | Florida Statutes Se | ctions 48.091 and | 607.0501, the following | ng is submitted: |
| The above of | corporation, organiz | zed under the laws | of the State of Florida | with its registered offic |
| as indicated | l in the Articles of I | ncorporation | | |
| at | 8400 s.W. | 133RD. AVE. | RD. No. 302 | |
| | MIAMI | FLORIDA | 33183 | |
| has named | APEL VIVAS | | | |
| located at th | he aforesaid addres | s, as its registered | agent to accept service | of process within this |
| state. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Having bee | en named as registe | red agent and to a | ccept service of proces | s for the above stated |
| corporation | n at the place design | nated in this certif | icate, I hereby accept tl | ne appointment as regis- |
| tered agent | and agree to act in | this capacity. I fu | rther agree to comply v | with the provisions of all |
| statutes rel | ating to the proper | and complete perf | ormance of my duties, | and I am familiar with |
| and accept | the obligations of | my position as reg | istered agent. | |
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| () (). | 2) aurol | | | |
| 1.70 | | <u> </u> | OCTOBER | 7, 1997 |
| | (Signature) | | | (Date) |