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TRANSMITTAL LETTER

Note: Additional copy of articles is needed when certified copy is requested.

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DIVISION OF CORP 97.0CT 20 (AMI): 3

ARTICLES OF INCORPORATION

SYDEL INTERNATIONAL, INC

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 I NAME

The name of the corporation shall be: SYDEL INTERNATIONAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6600 NW 27TH AVE, SUITE A-2, MIBMI, 82 83147 MAILING ADDRESS: P. O. BOX 52-4314 MIBMI, FL 33152-4314 ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7,500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

FOLASHADE OLADUNNI 6600 NW 27TH AVE SUITE A-2 MIAMI, FL 33147

ARTICLE V INCORPORATOR(S)

The nam	e(s) and street address(es) of the incorporator(s) to these Articles of Incorpora	
uoir istai	FOLASHADE OLABUNNI	7
*	6600 NW 2774 AVE	: :
	SuiT€ A-2	
	MIAMI, FL 33147	

The undersigned has(have) executed these Articles of Incorporation this

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DIVISION OF CORFORATIONS
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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: SIDEL INTERNATIONAL, INC
2.	The name and address of the registered agent and office is: FOLASHADE OLADUNNI
	6600 NIN 27TH AVE. SUITE A-2 (P.O. BOX NOT ACCEPTABLE)
	MIAMI, FL 33147. (CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT 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

DATE 10 17 197