P97000092699

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

To Whom It May Concern:

Enclosed please find two (2) copies of Articles of Incorporation designating potential registered office and registered agent at said address. Please return one copy stamped (received or filed).

Also enclosed is my check made payable to the Department of the State of Florida in the amount of \$1500, which includes the following fees for a corporation for profit:

Filing Fee including Registered Agent fee 12250

Please send to the following address:

CLEUZA FERNANSES DE SOUZA

6500 FERN ST

MARGATE, FL

33063

100002330671-- 4 -10/27/97--01145--002

FILED

97 OCT 27 AM 7:1
SECRETARY OF STAN AMASSEF, FI OR

Sincerely yours,

Olenza Fernandes Eleavoga

Enclosures 1/91

TM-10/29/93

ARTICLES OF INCORPORATION

(Print [capital letters, in black ink] or type all inserts except signature)

ARTICLE 1 - CORPORATE NAME:

The name of the Corporation shall be:

FERNANDES ENTERPRISES, IN C.

PRINCIPAL OFFICE AT 2100 NW 17 ST- POMPANO BCH-PL 33069

ARTICLE II - CORPORATE POWERS:

The Corporation is organized for the purpose of transacting any and all business, for which a corporation may be organized in the State of Florida.

ARTICLE III - CAPITAL STOCK:

The authorized capital stock of the Corporation shall be 5,000 shares of common stock, with a par value of \$1.00 per share. The Corporation plans to initially issue 500 shares, reserving the balance for subsequent issuance.

ARTICLE IV - INCORPORATOR/DIRECTOR/REGISTERED AGENT/ADDRESS:

ARTICLE V - The Corporation shall continue perpetually.

IN WITNESS WHEREOF, this is to certify that the undersigned incorporator, who shall also serve as initial director and registered agent, hereby makes, subscribes, acknowledges and files these Articles of Incorporation, on order to form a corporation under the laws of the State of Florida, and hereby accepts designation as a registered agent.

NAME

ADDRESS

ADDRESS

ADDRESS

ADDRESS

ADDRESS

(Signature)

ADDRESS

(Street Address)

(Name) (City, State, Zip Code)

STATE OF FLORIDA]

COUNTY OF FOR LANDI

SWORN TO AND SUBSCRIBED before me, this 24th day of Wood , 1997.

OFFICIAL FIOTARYSEAL ERIN F BACA NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC557475 MY COMMISSION EXP. MAY 27,2000

OTARY PUBLIC, STATE OF FLORIDA