Parintitalite Color

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

700002405467—1 -01/20/98--01131--016 *****78.75 *****78.75

SUBJECT: TRU	E HEADS . IN	١C	
JUDIECI		ate name - must include suff	fix)
		•	
Enclosed is an original a	nd one(1) copy of the article	s of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: 10	VAN FIGUERON Name (Printed		
	9781 S.W Z1 Addres	55 ST	98 JAN 20 SEC VITAS TALLAMASS
<u>_Mi</u>	AMI, FL 33 City, State	189 & Zip	SSC A

4M-1/22/98

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION

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:

TRUE HEADS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9781 S.W. ZII ST MIAMI, FI, 33189 98 JAN 20 AM IO: 49

ARTICLE III SHARES

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

2

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOVAN FIGUEROA 0781 S.W. 211 ST

MIAMI FI . 33189

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOVAN FIGUEROA 9781 S.W ZII ST MIAMI, FI. 33189

The undersigned incorporator(s) has(have) executed these Articles of Incorporation the
16 day of JANUARY, 19 98.
(An additional article must be added if an effective date is requested.)
Figure Signature
Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 TRUE HEADS, TNC.	
2.	The name and address of the registered agent and office is:	
	JOVAN FIGUEDOA (NAME)	98 JAN SECRET
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	2000
	MIAMI, FL. 32189 (CITY/STATE/ZIP)	AH 10: 49 0. STATE

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.

2 14 98 (SIGNATURE) (DATE)