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FROM: FAS-T-CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: STRUTS-R-US, INC. AUDIT NUMBER..... H98000003115

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

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 16, 1998

FAS-T CORP. AGENTS, INC.

SUBJECT: STRUTS-R-US, INC.

REF: W98000003398

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ARTICLE OF INCORPORATION 98 FEB 16 PM 1: 42

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

STRUTS-R-US , 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: STRUTS-R-US , INC.

The principal place of business of this corporation shall be:
1580 SE. CROWBERRY DR.
PORT ST.LUCIE , Fl. 34983

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, 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 par value that this corporation is authorized to have outstanding at any one time is: $100 \times 10.00 = 1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared By: BASIC ACCOUNTING
692 W. 29 STREET #9
HIALFAH,FL 33010
(305)887-4185

ARTICLE Y OFFICERS DIRECTORS

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

DIRECTOR

CARLOS ALONSO 1580 SE. Crowberry Dr.

34983 PORT ST.LUCIE. F1.

EMMA

DIRECTOR

1580 SE. Crowberry Dr. PORT ST.LUCIE., FL. 34983

ARTICLE VI INCORPORATOR (S)

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

ALONSO CARLOS

PRESIDENT

1580 SE. Crowberry Dr.

(50 shares)

(50 shares)

PORT ST.LUCIE F1. 34983

EMMA ALONSO

SECRETARY & TREASURER

1580 SE. Crowberry Dr.

PORT ST.LUCIE ,Ft. 34983

The undersigned has (have) executed these Article of Incorpora tion this 13 day of feb 1998.

Signature/Title

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.

	name of the corporation is:
	name and address of the registered agent and office
is	Carlos Alonso . (Name)
	1580 SE. Crowberry Dr.
	(P. O. BOX NOT ACCEPTABLE)
	PORT ST.LUCIE, FL 34983
	(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

DATE 02-16-98

DATE 02-16-98

DATE 02-16-98

DATE 02-16-98

DATE 02-16-98