# OFFI ARUS CORPORATE FILING SERVICE, (Requestor's Name) 100002449321--4 -03/06/98--01062--015 \*\*\*\*122.50 \*\*\*\*122.50 3320 S.W. 87th AVENUE (Address)

MIAMI, FLORIDA (305)552-5973

Examiner's Initials,

LOCAL REPRESENTATIVE TALLAHASSEE	OFFIGE HAR ON V
	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUM	
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(Corporation Name)	(Document #)
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NEW FILINGS AMENDA	
Profit Amendment	
NonProfit Resignation of	R.A., Officer/Director
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Trademark	

Other

### ARTICLES OF INCORPORATION

OF

R & C INTERNATIONAL U.S.A. CORPORATION

98 MAR -6 PH 2: 43

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

#### ARTICLE I

The name of this corporation shall be:

R & C INTERNATIONAL U.S.A. CORPORATION

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:
  To have perpetual succession by its corporate name;

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of ONE THOUSAND FIVE HUNDRED(1.500) shares, having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be: RAÜL A CUMES 12954 N.W 18Th Court Pembroke Pine & Fl 33028

The principal office shall be:12954 N.W. 18Th Court Pembroke Pines, Ft 33028

#### ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (2) person and the name and address of the person who is to serve as an initial director is:

RAUL A CUMES 12954 NW 18Th Court Penbroke Pine & FL33028 50% PRESIDENT - TREASURER

ITZIA I. CUMES 12954 NW 18Th Court Pembroke Pine & L33028 50% VICE\*PRESIDENT - SECRETARY

The name and address of the incorporator executing these Articles of Incorporation is: RAÚL A CUMES 12954 NW 18 Th court Pembroke Pinet, Fl 33028

of MAR	, 19 <u>98</u>
,	RAGL A CUMES
STATE OF FLORID	} ss.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared RAUL A. CUMES known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

NOTARY PUBLIC, STATE OF FLORIDAT LARGE

My Commission Expires:

"OFFICIAL SEAL"
Reina L. Haber
My Commission Expires 7/28/98

Commission #CC 396362

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501. Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Fiorida.

ine nam	e of the c	orporation is: R &					
				•			
The nan	ne and ad	dress of the registere	d agent and off	ice is:	,		
		RAÜL A CUME	S				
<del></del>		(NAME)	•			<del></del>	
1 295	4 N.W.	18 TH Court	Pembroke	Pine <b>s</b>	FL 3302	?පි	
		(P.O. BOX NOT AC	CCEPTABLE)				•

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

RAUL A CUMES

DATE MARCH 4, 15

98 MAR -6 PM 2: 43 EGRETARY OF STATE LLAHASSEE, FLORIDA