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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

--KEY--

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FÉRNANDEZ PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: ECKENROD CORPORATION

AUDIT NUMBER...... H98000014218

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

CERT. OF STATUS. . 1

PAGES..... 3
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF ECKENROD CORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following Articles of incorporation.

ARTICLE -1-NAME

The name of the corporation shall be:

ECKENROD CORPORATION

The principal place of business of this corporation shall be:

1840 JAMES AVE #15 MIAMI BEACH, FL 33139

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 States, 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 value that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$1.00 PER VALUE

ARTICLE -IV-TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Julio C. Lora

420 Lincoln Rd., Suite 203

Miami Beach, FL 33139

(305) 535-4264

ARTICLE -V-OFFICERS DIRECTORS

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected, are:

PATRICIA ECKENROD PRESIDENT 1840 JAMES AVE #15 MIAMI BEACH, FL 33139

ARTICLE -VI-INCORPORATOR

The name and street address of the incorporator to this articles of incorporation is:

PATRICIA ECKENROD 1840 JAMES AVE #15 MIAMI BEACH, FL 33139

IN WITNESS WHERE OF, the undersigned incorporator has executed these Articles of incorporation this 29 day of JULY 1998.

Signature of incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607-325, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in disignating the registered office/registered agent, in the State of Florida.

The name of the corporation:

ECKENROD CORPORATION

The name and address of the registered agent and office is:

PATRICIA ECKENROD 1840 JAMES AVE #15, MIAMI BEACH, FL 33139

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Prepared by: Julio C. Lora, 420 Lincoln Rd Suite 203, Miami Beach, Ft 33139

Telephone: 305-535-4264 Fax: 305-535-4263