FILING SERVICE, ZARUS CORPORATE (Requestor's Name) 300002618663--2 -08/18/98--01036--004 ****122.50 ****122.50 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Document #) (Document #) (Corporation Name) Pick up time 2,00 Certified Copy Walk in Mail out Will wait Photocopy Certificate of Status AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability INVISION OF COMPORATIO Dissolution/Withdrawal Domestication Merger Other OTHER FILNGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other¹ Examined's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 18, 1998

LAZARUS

MIAMI, FL

SUBJECT: EXPRINT, INC. Ref. Number: W98000018879

We have received your document for EXPRINT, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 098A00042860

98 AUG 20 AM II: 17
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

98 AUG 20 PM 3: 01-SECRETARY OF STATE TALLAHASSEE FLORIDE

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: EXPRINT INTERNATIONAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

251 Galen Drive Suite #315 Key Biscayne, Florida 33149

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS A. BIELICH 251 Galen Drive Suite #315 Key Biscayne Florida 33149

ARTICLE V INCORPORATOR(S)

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

LUIS A. BIELICH

251 Galen Drive Suite #315

Key Biscayne, Florida 33149

ARTICLE VI DIRECTOR(S)

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

LUIS A. BIELICH
251 Galen Drive Suite #315
Key Biscayne Florida 33149

The undersigned incorporation this <u>14th</u>	or(s) has(have) executed these Articles day ofaugust, 19_98
	2.11
	Mille
	Signature
	Signature
	Signature

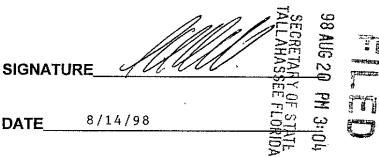
Articles of Incorporation Filing Fee - \$35

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.

The name of the corporation is	EXPRINT INTERNATIONAL, INC.
The name and address of the re	egistered agent and office is:
LUIS	A. BIELICH
	(NAME)
251 Galen Dri	ive Suite #315
(P.O. BOX <u>I</u>	NOT ACCEPTABLE)
KEY BISCAYNE,	, FLORIDA 33149
(CIT)	//STATE/ZIP)

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.



REGISTERED AGENT FILING FEE: \$35.00