

P 9 8 0000 84333

FILED OF STATES  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 SEP 30 AM 7:15

Florida Department of State  
Division of Corporations  
Public Access System  
Sandra B. Mortham, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H98000018193 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 922-4001

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MESCO TRADING INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75



ARTICLE VI INCORPORATOR(S)

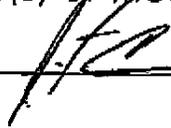
The name(s) and street address(es) of the Incorporator(s) to this articles of incorporation is(are):

Jesus F. Couso

9531 S.W. 25 Dr; Miami, Fl 33165

IN WITNESS WHEREOF, the undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 30th day of September, 1998

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

MESCO TRADING INC.

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

Jesus F. Couso

(P.O. BOX NOT ACCEPTABLE)

9531 S.W. 25 Dr; Miami, FL 33165

(CITY/STATE/ZIP)

SIGNATURE



TITLE

Director

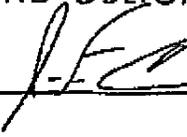
DATE

09/30/98

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 SEP 30 1AM 7:15

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I 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.

SIGNATURE



DATE

09/30/98