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LAZARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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-12/02/98--01043--012

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GOLD VISION CORPORATION
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

98 DEC -2 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

98 DEC -2 AM 10:50
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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:

GOLD VISION CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

6039 COLLINS AVENUE #1709
MIAMI BEACH, FL 33140

ARTICLE III SHARES

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

1000 as per value of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AMALIA HERNANDEZ
6039 COLLINS AVENUE #1709
MIAMI BEACH, FL 33140

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TALLAHASSEE FLORIDA

ARTICLE V
INCORPORATOR (S)

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


<u>NAME</u>	<u>SHARES</u>	<u>ADDRESS</u>
AMALIA HERNANDEZ	30% SHARES	6039 COLLINS AVE. #1709 MIAMI BEACH, FL 33140
JOSE URIEL BARRERA	50% SHARES	6039 COLLINS AVE. #1709 MIAMI BEACH, FL 33140
CLAUDIA V. GOLD	20% SHARES	10355 SW 165 AVENUE MIAMI, FL 33196

ARTICLE VI
DIRECTOR (S)

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
AMALIA HERNANDEZ	PRESIDENT	6039 COLLINS AVE. #1709 MIAMI BEACH, FL 33140
JOSE URIEL BARRERA	VICE-PRES	6039 COLLINS AVE. #1709 MIAMI BEACH, FL 33140
CLAUDIA V. GOLD	SECRETARY	10355 SW 165 AVENUE MIAMI, FL 33196

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 25th day of November 1998.


AMALIA HERNANDEZ (PRESIDENT)


JOSE URIEL BARRERA (VICE-PRES)


CLAUDIA V. GOLD (SECRETARY)

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.

1. The name of the corporation is: **GOLD VISION CORPORATION**
2. The name and address of the registered agent and office is:

AMALIA HERNANDEZ
(NAME)

6039 COLLINS AVENUE #1709
(P.O. BOX NOT ACCEPTABLE)

MIAMI BEACH, FL 33140
(CITY/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 THE ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Amalia Hernandez

DATE

11/27/98

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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