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ORIGINAL

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-12/28/98--01040--003
****122.50 *****78.75

SUBJECT: ROBYN RADEK, INC.
(Proposed corporate name - must include suffix)

FILED
98 DEC 28 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: ROBYN RADEK, INC
Name (printed or typed)

16425 COLLINS AVE #2315
Address

MIAMI FLORIDA 33160
City, State & Zip

305-949-2071
Daytime Telephone number

SHARON

DEC 29 1998

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is ROBYN RADEK, INC.

ARTICLE II - DURATION

The Corporation shall have perpetual existence commencing on the date these Articles of Incorporation are filed with the Florida Secretary of State's Office.

ARTICLE III - PURPOSE

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The Corporation is authorized to issue five hundred (500) shares of one dollar (\$1.00) par value common stock, which shall be designated as "common shares".

ARTICLE V - INITIAL CORPORATE OFFICE AND REGISTERED AGENT

The street address of the initial corporate office of the corporation is 16425 COLLINS AVE
2315 MIAMI, FL The initial name and address of the initial registered agent
for the corporation is ROBYN RADEK, 16425 COLLINS AVE
2315, MIAMI FLORIDA 33160

ARTICLE VI - BY- LAWS

The By - Laws of the Corporation may be adopted, altered, amended or repeal by any Stockholder or Director.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) Director. The number of Directors may be increased or diminished from time to time by the By - Laws, but shall never be less than one (1).
The name and address of the Director of this Corporation is:

ROBYN RADEL, 16425 COLLINS AVE #2315
MIAMI, FLORIDA 33160

ARTICLE VIII - OFFICERS

The Officers of the corporation are:

ROBYN RADEL

ARTICLE IX - INDEMNIFICATION

The Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the fullest extent permitted by law.

ARTICLE X - PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of the Corporation of the same kind, of class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XI - INCORPORATOR

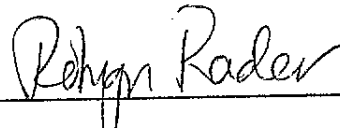
The name and address of the person signing these Articles of Incorporation is:

ROBYN RADEL
16425 COLLINS AVE #2315
MIAMI, FLORIDA 33160

ARTICLE XII - AMENDMENT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS THEREOF, the undersigned has executed these Articles of Incorporation, this 23 day of DECEMBER, 1998.



(Incorporator)

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 621, FLORIDA STATUTES AND THE PROFESSIONAL SERVICE CORPORATION AND LIMITED LIABILITY COMPANY ACT, 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: *ROBYN RADER, INC*

2) THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

*ROBYN RADER
16425 COLLINS AVE #2315
MIAMI FLORIDA 33160*

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)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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