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Florida Department of State  
Division of Corporations  
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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

SECRETARY OF STATE  
ALLAHMASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

BORINQUEN APPLIANCES INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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F. GHESSER FEB 9 1999

ARTICLE OF INCORPORATION

OF

BORINQUEN APPLIANCES INC.

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: BORINQUEN APPLIANCES INC.

The principal place of business of this corporation shall be:

1240 Opa Locka Blvd.  
Opa Locka, FL 33054

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 par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00 = \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared By: Basic Accounting Service  
692 West 29 Street # 9  
Hialeah, FL 33012  
Tel: (305)887-4185



**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: \_\_\_\_\_

BORINQUEN APPLIANCES INC.

2. The name and address of the registered agent and office \_\_\_\_\_

is JOSE A. POLACO

(Name)

3821 SW. 58 AVE.

(P. O. BOX NOT ACCEPTABLE)

HOLLYWOOD, FLORIDA 33023

(CITY/STATE/ZIP)

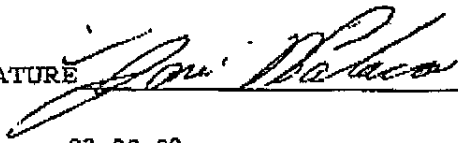
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TALLAHASSEE, FLORIDA

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_



DATE \_\_\_\_\_

02-08-99