

GUERNICA & GONZALEZ

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

EDUARDO S. GONZALEZ, CPA, MST
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P 99000016743

February 17, 1999

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

SUBJECT: Opzioni, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation of Opzioni, Inc., as well as, a check for \$ 70 covering the filing fee.

Please process and forward all resulting documentation to our office.

Sincerely,

Eduardo S. Gonzalez
for the firm
Guernica & Gonzalez

FILED
99 FEB 19 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****70.00 *****70.00

LTR

F. CHESSER

FEB 22 1999

ARTICLES OF INCORPORATION

The Undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Opzioni, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1261 S.W. 104th. Passage, Suite 202
Miami, Florida 33174

ARTICLE III SHARES

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

7,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jeannette Gonzalez
1261 S.W. 104th. Passage, Suite 202
Miami, Florida 33174

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jeannette Gonzalez
1261 S.W. 104th. Passage, Suite 202
Miami, Florida 33174

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation will be:

February 20, 1999



Signature/Incorporator

2-17-99

Date

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/Registered Agent

2-17-99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA