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LOCAL REPRESENTATIVE TALLAHASSEE

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OFFICE USE ONLY

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

1. WALL CREATION, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

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☐ 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

ARTICLES OF INCORPORATION

The undersigned Incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I

NAME

The name of the Corporation shall be:

"WALL CREATION, INC."

ARTICLE II

PRINCIPAL OFFICE

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

9672 S. W. 138 Avenue
Miami, Florida 33186

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIFTY (50).

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARCOS ESCOBAR
9672 S.W. 138 Avenue
Miami, Florida 33186

ARTICLE V

INCORPORATORS

The name and addresses of the Incorporators to these Articles of

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89 MAR -3 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Incorporation are: _____

CLAUDIA ESCOBAR _____ 9672 S.W. 138 Avenue
Miami, Florida 33186

MARCOS ESCOBAR _____ 9672 S. W. 138 Avenue
Miami, Fflorida 33186

ARTICLE VI

DIRECTORS

The name and street addresses of the Directors to these Articles of Incorporation are: _____

MARCOS ESCOBAR _____ 9672 S. W. 138 Avenue
President Miami, Fflorida 33186

CLAUDIA ESCOBAR _____ 9672 S. W. 138 Avenue
Treasurer Miami, Florida 33186

The undersigned incorporators have executed these Articles of Incorporation this 22nd day of January, 1999.

Claudia Escobar

CLAUDIA ESCOBAR

Marcos Escobar

MARCOS ESCOBAR

STATE OF FLORIDA)

COUNTY OF DADE)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared CLAUDIA ESCOBAR and MARCOS ESCOBAR, to me known to be the persons described in and who executed the foregoing Articles of Incorporation and acknowledge before me that they executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State aforesaid, on this 22 day of January, 1999.

Christine Pena

Notary Public, State of Florida

My Commission Expires: _____



"OFFICIAL SEAL"

Christine Pena

My Commission Expires 8/15/2004

Commission #CC 577478

CERTIFICATE OF DESIGNATION
REGISTERED AGENT - REGISTERED OFFICE

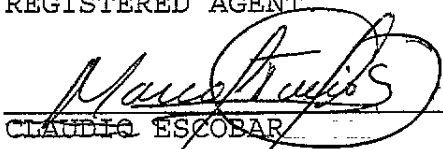
Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida:

The name of the Corporation is: "WALL CREATION, INC."

The name of the Registered Agent is: CLAUDIO ESCOBAR.

The Registered Office is: 9672 S. W. 138 Avenue
Miami, Florida 33186

HAVING BEEN NAMED AS REGISTERED AGENT 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


CLAUDIO ESCOBAR

Date: 01/22/99

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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