

*P9900029090*

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.  
(Requestor's Name)

3320 S.W. 87th AVENUE  
(Address)

MIAMI, FLORIDA (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

600002823636--6  
-03/30/99-01059-021  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. A. C. A. N. SERVICES, INC.  
(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

99 MAR 30 PM 2:58  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

FILED

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

**A.C.A.N. SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**11770 S.W. 183 Street  
Miami, FL 33177**

**ARTICLE III SHARES**

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

**500 shares**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**ALEJANDRO NODA  
11770 S.W. 183 Street  
Miami, FL 33177**

Article V. Incorporator

The name and street address of the incorporator to these Articles of Incorporation is: Alejandro Noda

11770 S.W. 183 St.,

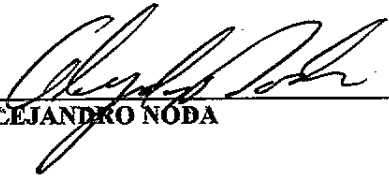
Miami, FL 33177

ARTICLE VI DIRECTOR(S)

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

**ALEJANDRO NODA**  
11770 S.W. 183 Street  
Miami, FL 33177

The undersigned incorporator has executed these Articles of Incorporation this 25 day of March, 1999.

  
\_\_\_\_\_  
ALEJANDRO NODA

**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:

A.C.A.N. SERVICES, INC.

2. The name and address of the registered agent and office is:

ALEJANDRO NODA  
11770 S.W. 183 Street  
Miami, FL 33177

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TALLAHASSEE FLORIDA

FILED

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 FUTURE 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: 

DATE: 3/25/99