

Florida Department of State

Division of Corporations
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To:

Davision of Corporations

Fas Number : (850)922-1001

From:

Account Name : FAS-W CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

ELORIDA

FLORIDA PROFIT CORPORATION OR P.A.

TABLADA GROUP CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

B. McKnight APR 0 1 1999

OF TABLADA GROUP CORP

I, the undersigned, in order to form a corporation under a pursuant to the provisions of the laws of the State of Florida for the purposes hereafter set forth, hereby subscribe to this Certificate of Incorporation.

ARTICLE I NAME OF CORPORATION

The name of the proposed corporation shall be:

TABLADA GROUP CORP

ARTICLE II NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation shall be any activity permitted under the laws of the United State of Florida.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is 500 shares at no par value.

Prepared by: LENIN TABLADA 5950 NW. 199th ST. MIAMI FL 33015

ARTICLE IV TERM OF EXISTANCE

This corporation is to exist perpetually.

ARTICLE V PRINCIPAL PLACE OF BUSINESS

The initial street address in this state of the principal office of this corporation is: 5950 NW 199th ST. MIAMI FL 33015. The board of directors may, from time to time, move the principal office to any other address in Florida.

ARTICLE VI DIRECTORS

This corporation shall have initially one (1) director. The number of director (s) may increased or diminished from time to time by laws adopted by the stockholders.

ARTICLE VII INITIAL DIRECTORS

The name and address of the member(s) of the first board of director(s) is:

President:

LENIN TABLADA

Vice-President

5950 NW. 199th St

Secretary-treasurer

MIAMI FL 33015

ARTICLE VIII INCORPORATOR

The name and street address of the person signing these Articles of Incorporation as the incorporator is LENIN TABLADA.

ARTICLE IX REGISTERED AGENT

The initial designation of the registered office of this corporation shall be 5950 NW 199th ST, MIAMI FL 33015.

And the registered agent shall be:

LENIN TABLADA

Pursuant to Florida Statutes Section 607.164, having been named to accept process for the above stated corporation, at the place designed in these Articles of Incorporation, I hereby Accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: Maldola Registered Agen

ARTICLE X AMENDMENT

This corporation reserves the right to amend any provision of this Articles of Incorporation in the manner provided by law. Any rights conferred upon shareholders shall be subject to this reservation.

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IN WITNESS WHEREOF, The undersigned has execute, acknowledged and filed the foregoing Articles of Incorporation under that laws of the State of Florida this April 1st, 1999.

Incorporator

(STATE OF FLORIDA) (COUNTRY OF DADE)

BEFORE ME, A Notary Public, personally appeared LENIN TABLADA or herein, who, executed the foregoing Articles of incorporation and stated on oath that the contents thereof are true and correct, this April 1st, 1999.

My commission expires

R. LLAURADO
MY COMMISSION & CC 599990
DOFIRES: February 22, 2002
Bonded Trus Notery Public Underwriters

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of section 607.0501, Florida Statutes, the Undersigned Corporation organized under the laws of the State if Florida submits the following statement in designation the registered office/registered agent, in the state of Florida.

- 1. The name of the corporation is TABLADA GROUP CORP.
- 2. The name and address of the registered agent and office is:

LENIN TABLADA 5950 NW 199TH ST MIAMI FL 33015.

SIGNATURE

TITLE

' President

DATE: April 1st, 1999

HAVING BEEN NAMED AS REGISTED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINMENT AS REGISTED AGENT AND AGREE TO ACT IN THIS CAPACITY. THE FURTHER AGREED TO APPLY WITH THE PROVISION OF ALL ATATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE April 1st, 1999

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SECRETARY OF STATE
TALLAHASSEF FIRBINA