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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)922~4001

From:

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

Account Number: 071001002335 : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

OLD HERITAGE, INC.

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F. CHESSER

APR-2 7 1999

ARTICLES OF INCORPORATION

<u>OF</u>

OLD HERITAGE, INC.

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

ARTICLE | NAME

The name of the corporation shall be: old Heritage, inc.

The principal place of business of this corporation shall be: 17920 NW 19th Ave. Miami, Florida 33056

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 value that this corporation is authorized to have outstanding at any one time is: 1000 SHARES AT ONE DOLLAR (\$1.00) Par Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MICHAEL SERLO MATHELIER- PRESIDENT/C.E.O. P.O. BOX 640767 Miami, Florida 33164

Prepared By: BARBARA STRONG C.P.A. 3401 NW 202nd Street Miami, Florida 38056

Phone#(305)-623-5109

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MICHAEL S. MATHELIER - PRESIDENT/C.E.O. P.O. BOX 640767 MIAMI, FLORIDA 33164-0767

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, APRIL 22ND, day of 1999

Signature(s) of Incorporator(s)

MICHAEL S. MATHELIER, PRESIDENT

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 corpora | non: |
|--|--|
| OLD HERITAGE, INC. | AR AP T |
| 2. The name and address of office is: | the registered agent and E |
| "Barbara Strong, C | PA. 3401 NW 202 Street Mani. Fl. 38056 |
| (P.O. BOX N | OT ACCEPTABLE) |
| MIAMI, FLORIDA 33055-1722 | and the same of th |
| (CITY, | /STATE/ZIP) |
| Hotary BARBARA A STRONG Public State of Florid a Comma: CC514842 | SIGNATURE BARBARA STRONG, C.P.A. TITLE CERTIFIED ACCOUNTANT DATE 04-22,-1999 |
| HAVING BEEN NAMED TO ACC | CEPT SERVICE OF PROCESS FOR THE |

ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE APRTE 22, 1000