P9900038302

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 DURAND EXPORT & IMPORT, INC. SUBJECT: (Proposed corporate name - must include suffix) 000002854540--8 -04/28/99--01027--001 *****87.50 ****87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$87.50 □\$78.75 \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED FROM: JORGE A. DURAND Name (Printed or typed) 8237 N.W. 199 Terrace Address FLorida 33015-5902 City, State & Zip

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

(305) 829-1443

4/28

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:

DURAND EXPORT & IMPORT, INC.

ARTICLE II PRINCIPAL OFFICE

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

8237 N.W. 199 Terrace Miami, Florida 33015-5902

ARTICLE III SHARES

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

One Hundred (100) shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jorge A. Durand 8237 N.W. 199 Terrace Miami, Florida 33015-5902

ARTICLE V INCORPORATOR

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

Jorge A. Durand 8237 N.W. 199 Terrace Miami, Florida 33015 -5902

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA