

OFFICE USE ONLY ( )

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

500002872435--4  
-05/12/99--01052--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. FINE LINE GROUP 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

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 MAY 12 AM 11:31

Examiner's Initials

**FILED**  
99 MAY 12 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I NAME**

The name of the corporation shall be:

Fine Line Group INC.

### **ARTICLE II PRICIPAL OFFICE**

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

3560 N.W. 34 Street, Ste. 2  
Miami, FL 33142

### **ARTICLE III SHARES**

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

100

### **ARTICLE IV INITIAL REGISTERED AGENT AND SRTEET ADDRESS**

The name and address of the initial registered agent is:

Nora O. Cruz  
663 N.W. 128th Place  
Miami, FL 33182

**ARTICLE V INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**


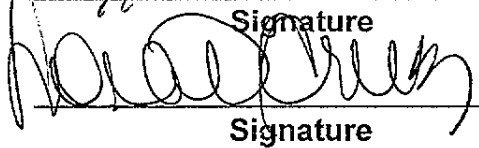
Nelson T. Cruz 231 S.W. 123 Avenue, Miami, FL 33184  
Nora O. Cruz 231 S.W. 123 Avenue, Miami, FL 33184

**ARTICLE VI DIRECTOR(S)**

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

Nelson T. Cruz 231 S.W. 123 Avenue, Miami, FL 33184  
Nora O. Cruz 231 S.W. 123 Avenue, Miami, FL 33184

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10th day of May, 1999.**

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

**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: Fine Line Group INC.
2. The name and address of the registered agent and office is:  
Nora O. Cruz  
(NAME)  
663 N.W. 128th Place  
(P.O. BOX NOT ACCEPTABLE)  
Miami, FL 33182  
(CITY/STATE/ZIP)

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

DATE

*[Handwritten Signature]*

5/4/99

99 MAY 12 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00