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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 867-8448
Fax Number : (305) 264-0232

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99 MAY 27 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

WRAP WORKS PLUS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
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APM 5/27/99

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ARTICLES OF INCORPORATION

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

ARTICLE I

NAME

The name of the corporation shall be: WRAP WORKS PLUS, INC

ARTICLE II

PRINCIPAL OFFICE

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

200 S BISCAYNE BLV
MIAMI, FL-33131

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated "COMMON SHARES."

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LARY RUDAS
200 S BISCAYNE BLV
MIAMI, FL-33131

Prepared By: LARY RUDAS
200 S BISCAYNE BLV
MIAMI, FL-33131
305 5791234

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TALLAHASSEE, FLORIDA

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**ARTICLE V
INCORPORATOR(S)**

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

ROSA RAMIREZ
200 S BISCAYNE BLV
MIAMI, FL-33131

PRESIDENT & DIRECTOR

MARIA JOSEFINA RUDAS
200 S BISCAYNE BLV
MIAMI, FL-33131

TREASURER & DIRECTOR

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of 05, 19 99



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers. 26 15 99028

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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:

WRAP WORKS PLUS, INC.
(must include suffix)

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

LARY RUDAS
(NAME)

200 S BISCAYNE BLV
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FL-33131
(City/State/Zip)

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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)

5/26/99
(DATE)

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