Department of State Division of Corporations P. O. Box 6327

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Tallahassee, FL 323		ž.	20000292 -07/08/99 !.8****	:5872 01018- 50 ****
SUBJECT:	DESING SOLUTION W (Proposed corpo	OODWORK INC. prate name - must include suff	īx)	
Enclosed is an origin	nal and one(1) copy of the artic	les of incorporation and a	check for:	7
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	: <u>JOSE I. TOLENTINC</u> Name (F) Printed or typed)		
•	88-50 NW. 7ct. PF	MBROKEPINE FL.33 Address	024 SECRE	99 JUL
	PEMBROKEPINES FI. City,	33024 State & Zip	TARY OF A	œ [
	(305) 965-4650 (Daytime 1	954) 456-9040 Telephone number	ORIDA Ork	AH 50
RRECT Certical	GAVE PHONE TO PHONE TO PHONE TO PHONE TO PHONE TO PHONE TO	riginal and one copy of	the articles	

ARTICLES OF INCORPORATION

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: DESING SOLUTIONS WOODWORK INC.



ARTICLE II PRINCIPAL OFFICE

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

88-50 nw 7ct. PEMBROKEPINES FL.33024

ARTICLE III SHARES

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

10,000 Ten Thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSE I. TOLENTINO

88-50 NW. 7ct. PEMBROKEPINES FL. # 33024

ARTICLE V INCORPORATOR

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

JOSE I. TOLENTINO

88-50 NW. 7ct. PEMBROKEPINES FL. 33024

(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

Signature/Incorporator

Date