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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 : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**TRADEPORT ONE PROPERTIES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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8/12/99  
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## 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:

TRADEPORT ONE PROPERTIES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

2911 Grand Avenue  
Suite 4A  
Miami, Florida 33133

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### ARTICLE III SHARES

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

500 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lincoln Lopez CPA  
2911 Grand Avenue  
Suite 4A  
Miami, Florida 33133

**ARTICLE V INCORPORATOR(S)**


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


Guy M. Kathe  
James Eagleton  
2911 Grand Avenue  
Suite 4A  
Miami, Florida 33133

**ARTICLE VI PURPOSE**

The purpose of this corporation shall be:  
(Required only for a PA)

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_ day  
of \_\_\_\_\_, 19\_\_.

  
Signature

  
Signature

\_\_\_\_\_  
Signature

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

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: **TRADEPORT ONE PROPERTIES, INC.**

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

**Lincoln Lopez CPA  
(Name)**

**2911 Grand Avenue, Suite 4A  
(P.O. Box of Mail Drop Box Not Acceptable)**

**Miami, Florida 33133  
(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)

8/10/99  
(Date)