Department of State Division of Corporations P.O. Box 327 Tallallassee, Fi. 3274  Subject: Southport Industries Inc.								
Dear Department of State:								
I enclosed an original and one (1) copy of the articles of incorporation for the above proposed corporation.								
Also enclosed is a check in the amount of \$78.75 in payment of your fees.								
Please file the original articles and return the certified copy to me at:								
900029581098 -08/12/9901062007 -08/12/9901062007 								
Pembroke Pines, Florida 33029								
City State & Zip								
954 441 5942  Daytime Telephone Number								
Sincerely: Federico Payan								

## **ARTICLES OF INCORPORATION**

The	undersigned	incorporator,	for the	purpose	of fo	ming a	a corpo	ration	under	the	Florida
Busi	ness Corpora	tion Act, hereb	y adopts	the follo	wing /	Articles	of Incor	poratio	n:		

ARTICLE I	The name of the corporation Shall be:	
	Southport Industries Inc.	
ARTICLE II	The principal place of business and mailing address of this	
	corporation shall be:	A
	20806 NW 2 <sup>nd</sup> St.,	A A
	Pembroke Pines, Florida 33029 全点 是	
ARTICLE III	The number of shares of stock that this corporation is	, <b>1</b>
	authorized to have outstanding at any one time is:	炙
	1000	بن م
	Having a par value of \$ 1.00 per share	
ARTICLE IV	The initial registered agent and street address in the State of	
	Florida are:	
	Federico Payan	
	20806 NW 2 <sup>nd</sup> St.,	
	Pembroke Pines, Florida 33029	
ARTICLE V	The name and address of the Incorporator to these Articles of	f
	incorporation are:	
	Federico Payan	
	/ _ 20806 NW 2 <sup>nd</sup> St.,	
	Pembroke Pines, Florida 33029	
,		
, /		
Signature/Incorpor	Date Date	
Having been named	as registered agent and to accept service of process for the above stated corporation at t	he
place designated in	his certificaté. I hereby accept the appointment as registered agent and agree to act in t	HIS
capacity. I further performance of my	agree to comply with the provisions of all statutes relating to the proper and compluties, and I am familiar with and accept the obligations of my position as registered agen	II.
ب	08-09-99	
Signature/Registere	d Agent Date	
/	<i>'</i>	