

# P99000078939

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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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

## FLORIDA PROFIT CORPORATION OR P.A.

### TRIBECA INTERNATIONAL CORP.

Certificate of Status	0
Certified Copy	1
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B. McKnight SEP 03 1999

**ARTICLES OF INCORPORATION  
TRIBECA INTERNATIONAL CORP.**

**ARTICLE I- NAME**

The Name of this Corporation is: **TRIBECA INTERNATIONAL CORP.**

**ARTICLE II- DURATION**

This corporation shall have a perpetual existence commencing on the Date of Filing.

**ARTICLE III- PURPOSE**

This corporation may engage in any activity of business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

This Corporation is authorized to issue 500 shares of One Dollar (\$1.00) par value common stock, which shall be designated "Common Shares".

**ARTICLE V- INITIAL REGISTERED OFFICER AND AGENT**

The name and street address of the initial registered officer of this corporation:

**MIGUELA C. NURSE, 2630 West 76<sup>th</sup> Street Apt. 209, Hialeah, FL 33016**

The Principal Place of Business of the Corporation shall be:

**2100 West 76<sup>th</sup> Street Suite 302, Hialeah, Florida 33016.**

**ARTICLE VI- INITIAL BOARD OF DIRECTORS**

This Corporation shall have one (1) Director initially. The number of Directors may be increased or decreased from time to time by the by-laws, but shall never be less than one (1). The names and address of the initial Director is:

Name:

**Miguela C. Nurse  
President-Secretary**

Address:

**2630 West 76<sup>th</sup> Street Apt. 209,  
Hialeah, Florida 33016**

**Demar Enterprises Accounting Services, Inc.  
1550 West 84<sup>th</sup> Street Suite 77, Hialeah, Florida 33014  
Phone: 305-558-4947 Fax: 305-821-9794  
email: demarinc@bellsouth.net**

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#### ARTICLE VII- LAWS

The by-laws of this Corporation may be adopted, altered, amended or repealed by either the Stockholder (s) or Director (s).

#### ARTICLE VIII- INDEMNIFICATION

The Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

#### ARTICLE IX- PREEMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this corporation of the same kind class or series as that which he/she already holds, shall have the right to purchase his/her prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

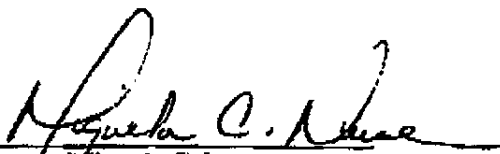
#### ARTICLE X- INCORPORATOR

The person signing these articles is: MIGUELA C. NURSE.  
2630 WEST 76TH STREET APT. 209  
HIALEAH FL. 33016

#### ARTICLE XI- AMENDMENT

This corporation reserve the right to amended or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 2st. day of September of the year 1999.

  
Miguela C. Nurse  
President-Secretary

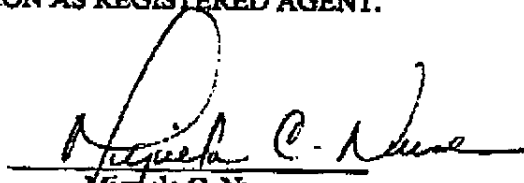
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws on the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that **TRIBECA INTERNATIONAL CORP.** desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at Broward County and has named **MIGUELA C. NURSE** as its agent to accept service of process within this state.

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.

  
Miguela C. Nurse  
Registered Agent

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