

PR900086161

OFFICE USE ONLY Document #

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GRAPHIC LINK INC.

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)



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Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
99 SEP 28 AM 11:13
DEPARTMENT OF STATE
DIVISION OF CORPORATE AND
TALLAHASSEE, FLORIDA

FILED
99 SEP 29 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/29/99--01035-014
*****78.75 *****78.75

Examiner's Initials

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:

Graphic Link Inc.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

6955 N.W. 52 St. Suite 106
Miami, FL 33166

ARTICLE III SHARES

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

Patricia Stanila - 50%
Alessandra Carrieri - 50%

> 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Juan P. Larraza

6955 N.W. 52 St. Suite 106
Miami, FL 33166

K.
P.S.

ARTICLE V INCORPORATOR(S)

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


- | | |
|----------------------------|---|
| 1.- Patricia A. Stanila | 6955 N.W. 52 St. Suite 106, Miami, FL 33166 |
| 2.- Alessandra M. Carrieri | 6955 N.W. 52 St. Suite 106, Miami, FL 33166 |
| 3.- Juan P. Larraza | 6955 N.W. 52 St. Suite 106, Miami, FL 33166 |

ARTICLE VI DIRECTOR(S)

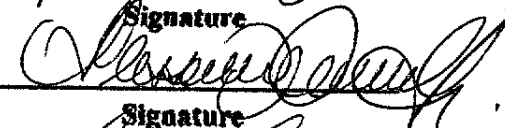
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

- | | | |
|----------------------------|------------------|---|
| 1.- Patricia A. Stanila | (President) | 6955 N.W. 52 St. Suite 106, Miami, FL 33166 |
| 2.- Alessandra M. Carrieri | (Vice-president) | 6955 N.W. 52 St. Suite 106, Miami, FL 33166 |
| 3.- Juan P. Larraza | (Secretary) | 6955 N.W. 52 St. Suite 106, Miami, FL 33166 |

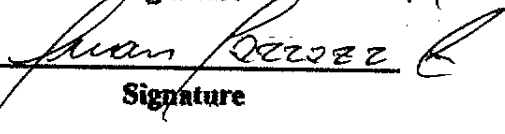
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 27 day of September 1999.



Signature



Signature



Signature

Articles of Incorporation
Filling Fee - \$ 35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 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: Graphic Link Inc.
2. The name and address of the registered agent and office is:

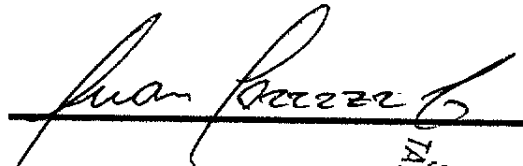
Juan P. Larraza
(NAME)

6955 N.W. 52 St. Suite 106
(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33166
(CITY/STATE/ZIP)

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



DATE

September 27, 1999

REGISTERED AGENT FILING FEE: \$35.00

99 SEP 29 PM 12:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED
AC.
PS