

Division of Corporations

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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 : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104812000707
Phone : (305) 867-8448
Fax Number : (305) 264-0232

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99 OCT 22 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

INGECON CORPORATION.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I**NAME**

The name of the corporation shall be: INGECON CORPORATION.

ARTICLE II**PRINCIPAL OFFICE**

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

4775 COLLINS AVE.
MIAMI BEACH, FL. 33140

ARTICLE III**SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~as~~ COMMON SHARES.

ARTICLE IV**INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

LUIS VACANTI
4775 COLLINS AVE.
MIAMI BEACH, FL. 33140

Prepared By: LUIS VACANTI
4775 COLLINS AVE.
MIAMI BEACH, FL. 33140
305 2827838

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**ARTICLE V
INCORPORATOR(S)**

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

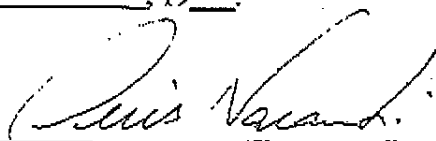
GILDA VACANTI
4775 COLLINS AVE.
MIAMI BEACH, FL. 33140

DIRECTOR & PRESIDENT

LUIS VACANTI
4775 COLLINS AVE.
MIAMI BEACH, FL. 33140

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.

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

PURSUANT TO THE PROVISIONS OF SECTION 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: INGECON CORPORATION.

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

LUIS VACANTI
4775 COLLINS AVE.
MIAMI BEACH, FL. 33140

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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)

(DATE)

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