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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

NOVEDADES CJB, INC.

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

12-16-09

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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:

NOVEDADES CJB, Inc.

ARTICLE II PRINCIPAL OFFICE

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

NOVEDADES CJB, Inc.

120 South Fremont Avenue Tampa, FL 33606

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Halpern, MD 91 Martinique Avenue Tampa, FL 33606

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

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ARTICLES V INCORPORATOR(S)

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

David Halpern, MD 91 Martinique Avenue Tampa, FL 33606

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of December 2002.

David Halpern, MD - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

	PROVISIONS OF SECTION 607.0301, FLORIDA STATUTES, THE			
	PORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF			
	THE FOLLOWING STATEMENT IN THE DESIGNATING THE	Ā S	္	
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA			~	
1. The name of the corporation is:	NOVEDADES CJB, Inc.	RETARY (91,330	
		OF STATE FLORIDA	<u>⊋</u> ω	
2. The name and address of the register	ed agent and office is:	¥m	39	
	David Halpern, MD			
	Name	-	.,	
	91 Martinique Avenue			
	(P.O. Box or Mail Drop Box NOT Acceptable)			
•	Tampa, FL 33606			
	(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

December 13th, 2002

(Date)

David Halpern, MD

SIGNATURE