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PICK-UP

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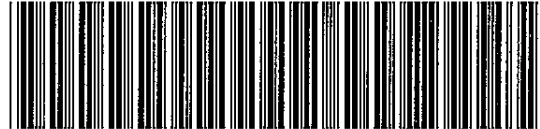
(Document Number)

Certified Copies ☒

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RECEIVED  
03 MAR 26 AM 11:16  
STATE  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FLORIDA

FILED  
03 MAR 26 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-27-03  
A

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

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

1. BIOMAX INTERNATIONAL CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:*

BIOMAX INTERNATIONAL CORP

### ARTICLE II - PRINCIPAL OFFICE

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

8249 N.W. 36<sup>th</sup> ST STE-214  
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:*

100,000

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

*The name and address of the initial registered agent is:*

JORGE LUIS DIAZ  
8249 NW 36<sup>th</sup> ST STE-214  
MIAMI, FL, 33166

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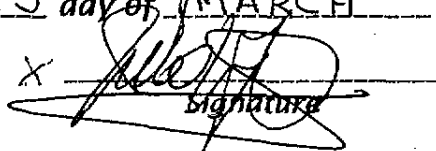
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JORGE LUIS DIAZ  
8249 NW 36<sup>th</sup> ST STE-214  
MIAMI, FL, 33166

The undersigned incorporator has executed these Articles of Incorporation this 25 day of MARCH 2003

X   
Signature

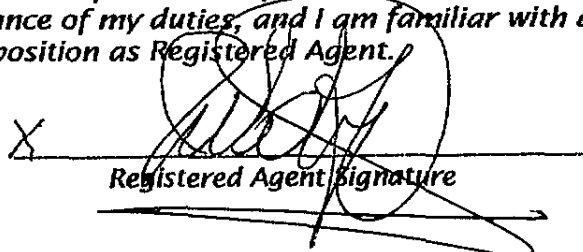
ARTICLE VI- DIRECTOR(S)

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

JORGE LUIS DIAZ - PRESIDENT  
8249 NW 36<sup>th</sup> ST STE-214  
MIAMI, FL, 33166

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

X   
Registered Agent Signature