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To:

Division of Corporations

Fax Number : (850)205-0381

from:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : {305}599-0839 Phone

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.

HYGRELL CORPORATION

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ARTICLES OF INCORPORATION

HYGRELL CORPORATION

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 HYGRELL CORPORATION

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

HYORELL CORPORATION 1915 BRICKELL AVE. # C-1110 MIAMI, FL 33129

ARTICLE II NATURE OF THE BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States The State of Florida, or any other State, County, Territory or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and it's per value that this corporation is authorized to have outstanding at any one time is:

1,000 shares of Common Stock, each having \$1.00 per value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

NAME

POSITION

ADDRESS

Tina Rojas

President

1915 Brickell Ave.# C-1110 Miami, Fl 33129

ARTICLE VI INCORPORATOR(S)

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

NAME Tina Rojas ADDRESS

1915 Brickell Avc.# C-1110 Miami, Fl 33129

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these articles of Incorporation this 8th day of April, 2004.

Signature(s) of Incorporator(s)

Prepare by: Orlando de Armas, CPA., P. A. 10300 SW Sunset Drive Suite 270

Miami, FL 33173. (305) 273-6137

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida State organized under the laws of the State of Florida, submits the registered office/registered agent, in the State of Florida. The name of the corporation is: Company name: HYGREI The name and address of the registered agent and office is:	a. L CORPORATION	
SIGN	ATURE TIME RULES (Corporate Officer) E WESTAINT	
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 MEREBY 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 PERFOMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.		
SIGN	ATURE TING PLANS (Registered Agent) 3 418 UY	