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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : PROFESSIONAL VISA, INC.  
Account Number : I20020000173  
Phone : (305)639-4737  
Fax Number : (305)639-4725

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

Professional Work, Corp

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**Professional Work, Corp**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address is:

7220 NW 36 Street, suite 315  
Miami, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any or all lawful activities or business permitted under the laws of The United States, the State of Florida, or any others states, country, territory, or nation.

**ARTICLE IV SHARES**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is one hundred shares at fifty dollars per value.

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address and title(s):

President: Maria Marquez  
7220 NW 36 Street, Suite 315  
Miami FL- 33166

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**ARTICLE VI REGISTERED AGENT**

The name and Florida Street address of the registered agent is:

Maria Marquez  
7220 NW 36 Street, Suite 315  
Miami FL- 33166

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Maria Marquez  
7220 NW 36 Street, Suite 315  
Miami FL- 33166

\*\*\*\*\*  
\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Maria Marquez*      08/17/06  
Signature/Registered Agent      Date

*Maria Marquez*      08/17/06  
Signature/Incorporator      Date

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