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FLORIDA PROFIT/NON PROFIT CORPORATION

PALMETTO CAPITAL MANAGEMENT, INC.

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*Articles of Incorporation  
Of  
Palmetto Capital Management, Inc.*

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**ARTICLE I, NAME**

The name of this corporation is Palmetto Capital Management, Inc.

**ARTICLE II, NATURE OF BUSINESS**

The corporation is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

**ARTICLE III, TERM OF EXISTENCE**

The duration of the corporation is perpetual.

**ARTICLE IV, CAPITAL STOCK**

The corporation is authorized to issue 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V, ADDRESS**

The principal address of the corporation is:

8701 SW 192<sup>nd</sup> Terrace  
Miami, FL 33157

The mailing address is:

8701 SW 192<sup>nd</sup> Terrace  
Miami, FL 33157

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and the name of the initial registered agent of this corporation at this address is:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON  
SUITE 1050  
CORAL GABLES, FL 33134

ARTICLE VI, INITIAL DIRECTORS AND OFFICERS

The corporation shall have one (1) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors and officers are:

*Juan F. Aranguiz*  
*President / Director*  
*8701 SW 192<sup>nd</sup> Terrace*  
*Miami, FL 33157*

ARTICLE VII, INCORPORATOR

The name and address of the incorporator of this corporation is:

*Juan F. Aranguiz*  
*8701 SW 192<sup>nd</sup> Terrace*  
*Miami, FL 33157*

  
Juan F. Aranguiz

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**ACCEPTANCE OF APPOINTMENT**  
**OF**  
**REGISTERED AGENT**

Pursuant to the provisions of section 607.0501, 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: *Palmetto Capital Management, Inc.*
2. The name and address of the registered agent and office is:

**CONSULTING SERVICES OF SOUTH FLORIDA, INC.**

*2121 Ponce de Leon Blvd.  
Suite 1050  
Coral Gables, FL 33134*

SIGNATURE \_\_\_\_\_  
 TITLE President / Director  
 DATE October 26<sup>th</sup>, 2008

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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 *[Signature]*  
 For: Consulting Services of South Florida, Inc.  
 DATE October 26<sup>th</sup>, 2008