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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

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(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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OFFICE USE ONLY

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

1. MONTE SION, CORP.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

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(Corporation Name)

(Document #)



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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS	
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<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/ 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

PH 4/10/01

Date APRIL 7, 2000

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re MONTE SION, CORP., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

\_\_\_\_\_  
MONTE SION, CORP.

\_\_\_\_\_  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
4589 N.W. 9 STREET, #17		
MIAMI, FLORIDA 33126		
PHONE _____		
( 305 )	441-0910	_____
Area Code	Phone Number	Ext.

ARTICLES OF INCORPORATION

of  
MONTE SION, CORP.

(name of corporation)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

MONTE SION, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	MAGALY FONSECA
ADDRESS	4589 N.W. 9 STREET #17
CITY	MIAMI
STATE	FLORIDA
ZIP	33126

The principal office, if known, or the mailing address of the corporation is:

NAME	MONTE SION, CORP.
ADDRESS	4589 N.W. 9 STREET #17
CITY	MIAMI
STATE	FLORIDA
ZIP	33126

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

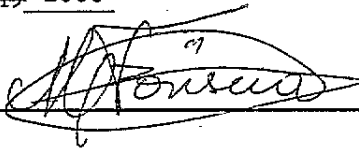
NAME	MAGALY FONSECA	PRESIDENT
ADDRESS	4589 N.W. 9 STREET #17	
CITY	MIAMI	STATE FLORIDA ZIP 33126
NAME		
ADDRESS		
CITY		STATE ZIP
NAME		
ADDRESS		
CITY		STATE ZIP

**Article VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	MAGALY FONSECA		
ADDRESS	4589 N.W. 9 STREET #17		
CITY	MIAMI	STATE	FLORIDA ZIP 33126
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

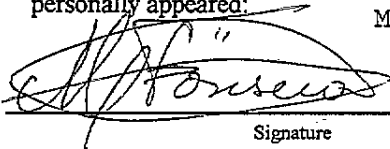
IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 7 day of APRIL, ~~XX~~ 2000

  
\_\_\_\_\_  
(Seal)  
  
\_\_\_\_\_  
(Seal)  
  
\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )  
SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above,  
personally appeared:

MAGALY FONSECA

  
\_\_\_\_\_  
Signature

FL DL#F522-544-62-585-0

\_\_\_\_\_  
Form of Identification

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Form of Identification

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.

NOTATRY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

7 day of APRIL, ~~XX~~ 2000

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Primed Notary Signature

# **CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT**

## ***CERTIFICATE OF REGISTERED AGENT OF***

MONTE SION, CORP.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 4589 N.W. 9 STREET #17

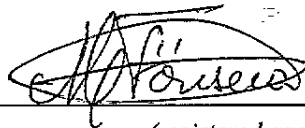
MIAMI, FLORIDA 33126

has named MAGALY FONSECA

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## ***ACKNOWLEDGEMENT***

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.



*(registered agent)*