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LAZARUS CORPORATE FILING SERVICE

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(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. SENIOR STEREO-PEMBROKE PINES, INC.
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #) 400004526934--3

3. _____ (Corporation Name) (Document #) -08/09/01--01029-026
*****78.75 *****78.75

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

FILED
01 AUG -9 PM 12:15
TALLAHASSEE FLORIDA
SECRETARY OF STATE

RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA
2001 AUG -9 AM 10:42
NOT RECORDED
TO ACHIEVE
SUFFICIENCY OF FILING

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a under the Florida Business Corporation Act, hereby adopts (s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the Corporation shall be:

SENROR STEREO - PEMBROKE PINES, INC.

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01 AUG -9 PM 12:15
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TALLAHASSEE FLORIDA

ARTICLE II: PRINCIPAL OFFICE

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

9015 WEST PINES BLVD.- UNIT 2
PEMBROKE PINES, FL 33024-6440

ARTICLE III: SHARES

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is:

100/\$1.00

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

FELIPE LEON
9015 WEST PINES BLVD.- UNIT 2
PEMBROKE PINES, FL 33024-6440

ARTICLE V: INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Article of Incorporators is (are).

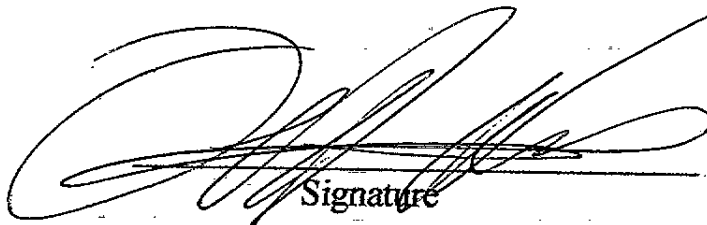
FELIPE LEON
9015 WEST PINES BLVD.- UNIT 2
PEMBROKE PINES, FL 33024-6440

ARTICLE VI: DIRECTOR (S)

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

FELIPE LEON - PRESIDENT
9015 WEST PINES BLVD.- UNIT 2
PEMBROKE PINES, FL 33024-6440

The undersigned incorporators (s) has (have) executed these Articles of Incorporation this AUGUST 8TH., 2001.



Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submit the following statement designating the Registered Office/Registered Agent in the State of Florida.

1.- The name of the Corporation is:

SENOR STEREO - PEMBROKE PINES, INC.

2.- The name and address of the registered agent and office is:

NAME: FELIPE LEON

ADDRESS (P.O.BOX Not Acceptable):

9015 WEST PINES BLVD. - UNIT 2

CITY/STATE/ZIP:

PEMBROKE PINES, FL 33024-6440

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 appointments 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 performance of my duties, an I am familiar with and accept the obligations of my position as Registered Agent.

Signature: _____

Date: AUGUST 8TH, 2001.

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