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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DO	CUMENT NUMBER(S), (i	if known):	
SERVICEFLASH	· CORP.		
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
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OTHER FILINGS	REGISTRATION/	QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	ship	
CR2E031(7/97)		Examiner's Initials	

ARTICLES OF INCORPORATION

The undersigned incorporated, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

ARTICLES I - NAME

The name of the corporation shall be

SERVICE FLASH CORP.

ARTICLES II - PRINCIPAL OFFICE

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

4759 NW 72ND AVENUE, MIAMI, FLORIDA, 33166



ARTICLES III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA CAROLINA ORTA 4759 NW 72 AVENUE, MIAMI, FLORIDA, 33166

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

MARIA CAROLINA ORTA 4759 NW 72ND AVENUE, MIAMI, FLORIDA, 33166

JANIM PAEZ 4759 NW 72ND AVENUE, MIAMI, FLORIDA, 33166 The undersigned incorporator has executed these Articles of incorporation this 05TH day of January 2006.

ARTICLE VI - DIRECTOR(S)

The name and street address of the director(s) to these Articles of incorporation is (are):

MARIA CAROLINA ORTA 4759 NW 72ND AVENUE, MIAIM, FL 33166 **PRESIDENT**

JANIM PAEZ 4759 NW 72ND AVENUE, MIAMI, FL 33166

VICE-PRESIDENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of may position as Registered Agent

Registered Agent Signature

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SECRETARY OF STATE