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| OFFICE & ONLY Document )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                       | 184                          |
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| 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 000                                   |                       |                              |
| LAZARUS CORPORATE FILING SER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VICE, INC.                            |                       | •                            |
| (Requestor's Name) 3320 S.W. 87th AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                       |                              |
| (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                       |                              |
| MIAMI, FLORIDA (305)552-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 973                                   |                       |                              |
| (City, State, Zip) (Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                       |                              |
| LOCAL REPRESENTATIVE TALLAHAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SSEE                                  | OFFICE USE ONLY       | ,                            |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b></b>                               |                       |                              |
| CORPORATION NAME(S) & DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OCUMENT NUMBE                         | CR(S) (if known):     |                              |
| 1. ADVANTEER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CORPOR                                | ATION                 |                              |
| (Corporation Nam.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                                     | (Document #)          | 7,7<br>VIQ                   |
| Corporation Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | (Document #)          |                              |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                       | RECEIVEL                     |
| (Corporation Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                     | (Document #)          | TREE I R                     |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · · · · · · · · · · · · · · · · · · · | (Document #)          | 789 >                        |
| (Corporation Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9 -                                   | <u>`</u>              |                              |
| Walk in Pick up time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2100                                  | Certified Copy        | See 15                       |
| Mail out Will wait                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Photocopy                             | Certificate of Status |                              |
| [37] [3] (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                       | •.                           |
| NEW FILINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AMENDMEN                              | 18                    | 1                            |
| Profit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Amendment                             |                       | <b></b>                      |
| NonProfit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Resignation of R.A                    | ., Officer/Director   | O,<br>TAL<br>SE              |
| , Limited Liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Change of Registere                   | ed Agent              | OFEB                         |
| Domestication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dissolution/Withdra                   | wal                   | AS B                         |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Merger                                |                       | SEE                          |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                       | PH PH                        |
| OTHER FILINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | REGISTRATION                          |                       |                              |
| 100 / 1 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 / 100 0 | QUALIFICATION                         |                       | 0A                           |
| Annual Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Foreign                               | / oơoo                | 031185606<br>2/01/0001075019 |
| Fictitious Name -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Limited Partnership                   |                       | *****78.75 *****78.75        |
| Name Reservation -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Reinstatement                         |                       |                              |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Trademark                             | -                     |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Othor                                 |                       |                              |

Examiner's Initials

CD2E021(0/02)

# ARTICLES OF INCORPORATION OF

# ADVANTEER CORPORATION



# ARTICLE I - NAME

The name of this corporation is: ADVANTEER CORPORATION, with the principal place of business located at: 10843 NW 29th STREET, MIAMI, FL. 33172.

# ARTICLE II - PURPOSE

This corporation shall have perpetual existence and may engage in any and all lawful business under the laws of the United States and the State of Florida.

## ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue 500 shares of one dollar par (\$1.00) par value common stock.

# ARTICLE IV - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash or any new common stock of this corporation, shall have the right to purchase their pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

# ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The present street address of the office of this corporation is: 10843 NW 29th STREET, MIAMI, FL. 33172.

The name of the initial Registered Agent of this corporation is: NESTOR ESPARRAGOZA.

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The initial director of this corporation is:

NESTOR ESPARRAGOZA 10843 NW 29th STREET, MIAMI, FL. 33172.

#### ARTICLE VII - INCORPORATOR

The name and address of the person signing this article is:

NESTOR ESPARRAGOZA 10843 NW 29th STREET, MIAMI, FL. 33172.

## ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officers or directors to the full extent permitted by law.

# ARTICLE IX - MANAGEMENT OF CORPORATION BY SHAREHOLDERS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of this corporation shall be managed under the director of, or shareholders of this corporation.

## ARTICLE X - BY LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the Shareholder.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 31st day of January of 2000.

NESTOR ESPARAGOZA, Incorporator.

# CERTIFICATE DESIGNATING THE ADDRESS AND AN

# AGENT UPON WHOM PROCESS MAY BE SERVED

## WITNESSETH:

That ADVANTEER CORPORATION, desiring to organize under the laws of the State of Florida, which will have its principal office in the County of Dade State of Florida, has appointed Mr. NESTOR ESPARRAGOZA as its agent to accept service of process within the state.

#### ACKNOWLEDGEMENT:

Having been named by the first Board of Directors of ADVANTEER CORPORATION, to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in the capacity of Registered Agent for said corporation, and agree to comply with the applicable provision of the Florida Statutes, this 31<sup>st</sup> day of January of 2000.

NESTOR ESPARAGOZA, Registered Agent.

00 FEB-I PM 1:26
SECRETARY OF STATE