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LAZARUS CORPORATE FILING SERVICE, INC.
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MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB 25 PM 2:37

FILED

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

1. THE POWER OF THE SIXTH SENSE, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 FEB 25 AM 11:27

RECEIVED

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

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*****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

THE POWER OF THE SIXTH SENSE, INC.

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TALLAHASSEE FLORIDA

ARTICLES II PRINCIPAL OFFICE

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

**840 SW 141ST AVENUE
MIAMI, FLORIDA 33184**

ARTICLES III SHARES

The numbers of shares of stock that this corporation is authorised to have outstanding at any one time is:

500 SHARES \$ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**NORAYDA MACHIN
840 SW 141TH AVENUE
MIAMI, FLORIDA 33184**

ARTICLES V INCORPORATE(S)

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

NORAYDA MACHIN
840 SW 141ST AVENUE
MIAMI, FLORIDA 33143

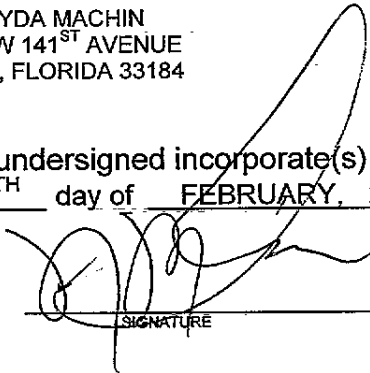
PRESIDENT, SECRETARY, TREASURER,
DIRECTOR

ARTICLE VI DIRECTOR (S)

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

NORAYDA MACHIN
840 SW 141ST AVENUE
MIAMI, FLORIDA 33184

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this
21TH day of FEBRUARY, 2000



SIGNATURE

NORAYDA MACHIN

PRESIDENT, SECRETARY, TREASURER, DIRECTOR

Articles of Incorporation

Filling Fee - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607 .051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

THE POWER OF THE SIXTH SENSE, INC.

The name and address of the registered agent and office is:

NORAYDA MACHIN

(Name)

840 SW 141ST AVENUE

(PO Box not acceptable)

MIAMI, FLORIDA 33184

(City/State/Zip)

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 this capacity. I further agree to comply with the provisions 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.

NORAYDA MACHIN

(Signature)

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DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314