Division of Corporations 100056163

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : MART'S ACCOUNTING COMPANY

Account Number : I20000000048 Phone : (305)545-9007

Fax Number : (305)545-9075

FLORIDA

PROFIT CORPORATION

AIM-UP TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following Articles of incorporation.

ARTICLE I: NAME

The name of the corporation shall be AIM-UP TECHNOLOGIES, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

4605 SW 139 Court-D Miami, Fl 33175

ARTICLE III: NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the States of Florida, or any other state, country, territory or nation.

ARTICLE IV: CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is 500 (FIVE HUNDRED) no per value.

ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent are:

Pedro R Navarro 4605 SW 139 Court-D Miami, Fl 33175

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ARTICLE VI: INCORPORATOR (S)

The name and address of the incorporators of these Articles of Incorporation are: Pedro R Navarro
4605 SW 139 Court-D

Miami, Fl 33175

Articles of Incorporation this 2 Day of June

Signature (s) of Incorporator(s)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES 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 THE DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE

DATE

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SECRETARY OF STATE

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