Division of Corporations

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Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

BISCAYNE IMMIGRATION SERVICES INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

OF

BISCAYNE IMMIGRATION SERVICES INC.

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

ARTICLE I NAME

The name of the corporation shall be: BISCAYNE IMMIGRATION SERVICES INC.

The principal place of business of this corporation shall be:

561 N.E 79th Street., Suite 209 Miami FL 33138

ARTICLE II NATURE OF BUSINESS

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

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 500 @ \$1.00 authorized to have outstanding at any one time is: FIVE HUNDRED @ \$1.00 (ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MARIA ROSQUETE, PRESIDENT 561 N.E. 79th Street., Suite 209 Miami FL 33138

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MARIA ROSQUETE 561 N.E. 79th Street., Suite 209 Miami FL 33138

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6 day of July 2000

Signature(s) of Incorporator(s)

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CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:	BISCAYNE	IMMIGRATION	SERVICES INC.
2. The name and address of the registe	ered agent and	d office is:	
MARIA ROSQUETE			OD JUL OO
561 N. E 79th St	reet Suite	209	, o 70
(P.O. BOX N	IOT ACCEPT	TABLE)	M 9: 53
Miami FL 33138			ည် နို
•	//STATE/ZIP	= 110=	officer)
T	TLE Presi	dent	
D	ATE July	6, 2000	
HAVING BEEN NAMED TO ACCEPT S CORPORATION, AT THE PLACE DESIGNATE THIS CAPACITY, AND I FURTHER AGREE TO RELATIVE TO THE PROPER AND COMPLETE DUTIES AND OBLIGATIONS OF SECTION 607.	D IN THIS CERT COMPLY WITH PERFORMANC	IFICATE, I HEREB' H THE PROVISION E OF MY DUTIES, ATUTES	Y AGREE TO ACT IN S OF ALL STATUTES AND I ACCEPT THE