FROM : TAXSMART INC JIM SIERRA ASSOC PHONE NO. : 305 271 4422

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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : JIM SIERRA & ASSOCIATES

Account Number: 110677000356

Phone: (305)271-7310

Fax Number: (305)271-4422

FLORIDA PROFIT CORPORATION OR P.A.

PEMBROKE PINES SERVICES, INC.

Certificate of Status	0
Certified Copy	
Page Count	(06)
Estimated Charge	\$78.75

DIVISION OF CORPORATIONS

ON AIR 30 PM 4: 32

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ARTICLES OF INCORPORATION

- OF -

PEMBROKE PINES SERVICES. INC.

I UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

PEMBROKE PINES SERVICES, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is anthorized to have outstanding at any time is ONE HUNDRED (100) shares of common stock, having a par value of ONE DOLLAR(\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than UNE FFUNDRED (\$100.00) DOLLARS.

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ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

18651 SW 15th ST PEMBROKE PINES, FL 33029

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The name and street address of the member of the first Board of Directors of this corporation are as follows:

JOSE M. GUEVARA Pres/Treas 18651 SW 15th ST Pembroke Pines, FL 33029

NUBIA GUEVARA V-Pres/Scy 18651 SW 15th ST Pembroke Pines, FL 33029

ARTICLE IX

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

JOSE M. GUEVARA 18651 SW 15th ST Pembroke Pines, FL 33029

Prepared by: JIM SIERRA & ASSOCIATES 5550 SW 87TH AVENUE MIAMI, FL 33165 TEL. (305) 271-7310 FAX. (305) 271-4422

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FROM: TAXSMART INC JIM SIERRA ASSOC PHONE NO.: 305 271 4422

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ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, JOSE M. GUEVARA being natural person(s), competent to contract, have here unto set his/their hands and scal this, August 30, 2000

OSE M. GVEVARA

Prepared by: JIM SIERRA & ASSOCIATES 5550 SW 87TH AVENUE MIAMI, FL 33 165 TEL. (305) 271-7310 FAX. (305) 271-4422

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FROM: TAXSMART INC JIM SIERRA ASSOC PHONE NO.: 305 271 4422

Aug. 30 2000 01:46PM PS

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STATE OF FLORIDA) S.S. COUNTY OF <u>DADE</u>)

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared PAMELA J ZIRAKIAN, known and known to me, to be the person(s) described herein and who executed the foregoing Article of Incorporation, and he/she/they acknowledged before me that he/she/they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this August 30, 2000

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My commission expires:

JIM SIERRA

STATE COMMISSION # CC 672706
EXPIRES OCT 7, 2003
SONDED THRU
ATLANTIC BONDING CO., INC.

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

IN COMPLIANCE WI	TH SECTION 607,325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:
FIRST THAT: PEM	BROKE PINES SERVICES, INC.
WITH ITS PLACE OF	FBUSINESS AT: 18651 SW 15 th ST Pembroke Pines, FL 33029
HAS NAMED	JOSE M. GUEVARA
	(Name of registered Agent)
LOCATED AT	18651 SW 15 th ST Pembroke Pines, FL (Street address and number of building - PO Box address ARE NOT acceptable)
CITY OF PEMBR	OKE PINES. STATE OF FLORIDA AS ITS AGENT TO ACCEPT SERVICE OF
	SIGNATURE (Corporate Officer) JOSE M. GUEVARA
	TITLE Pres/Treas
	DATE August 30, 2000

I, HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

DATE August 30, 2000

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