FAX:3052201440

Florida Department of State

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

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)220-1440 Fax Number

# FLORIDA PROFIT CORPORATION OR P.A.

OVERSEAS CONSULTANTS INC.

Certificate of Status	0
Certified Copy	1
Page Count	(93)
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B. McKnight SEP - 8 2000

LAZARUS CORPORATION

FAX:3052201440

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## ARTICLES OF INCORPORATION

The undersigned incorporator(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: OVE RSCAS

CONSULTANTS INC

#### ARTICLE II - PRINCIPAL OFFICE

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

2650 BISCAYNE BLUD. MIAMI FL 33137

#### ARTICLE III -SHARES

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

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PEDRO J. FUENCES

2650 BISCAYNE BLVD

MIAMI FL 33137

FILED SECRETARY OF STATE DIVISION OF CORPORATION

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### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

RAFAEL TRUSILLE 2650 BISCAYNIC BLUD.

The undersigned incorporator has executed these Articles of Incorporation this Z day of Q 2002

ARTICLE VI- DIRECTOR(S)

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

O KAFAEL I WONTELD.

SUSO BISCAYNE BLVD.

MIAMI L'ONIZALEZ-GALLADDE

2650 BISCAYNG BLUD MIAMI FL 33137.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

SECRETARY OF STATE DIVISION OF CORPORATIONS

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