P0000099683

Articles of Incorporation

TRANSMITTAL LETTER

000003435450-0066 -10/23/00--01095-006

*****70.00 *****70.00

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: SORIAPERU PARALEGAL SERVICES & ASSOCIATES, INC. (proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for § 70.00.

SORIAPERU PARALEGAL SERVICES & ASSOCIATES, INC..

Name (printed or typed)

4530 NW 79 AVE.# 2C

Address

MIAMI, FL 33166-4598

City, State & Zip

(305) 406 1478

Telephone Number

Note: Please provide the original and one copy of the Articles.

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ARTICLES OF INCORPORATION

<u>of</u>

SORIAPERU PARALEGAL SERVICES & ASSOCIATES, INC.

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:

SORIAPERU PARALEGAL SERVICES & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4530 N.W. 79 Ave. Apt. 2C Miami, Florida 33166

ARTICLE III SHARES

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

ONE THOUSAND SHARES OF COMMON STOCK AT ONE DOLLAR PAR VALUE.

TASECRETES PA 4: 48

INC.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS M. SORIANO 4530 NW 79 AVE.# 2C Miami, Florida 33166

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ARTICLE V INCORPORATOR(S)

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

INCORPORATOR: Carlos M. Soriano

Officer(s):

President

Carlos M. Soriano 4530NW 79 Ave.# 2C Miami, Florida 33166

Vice-President: Luisa R. Soriano 4530NW.79 Ave.#2C Miami, Florida 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 09 day of October, 2000.

Carlos M. Soriano

PRĘŚIDENT

CERTIFICATE OF DESIGNATION

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REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

| | | name | | | corpo | oration | is: | SORIZ | PERU | PARAL | EGAL | SERVICES |
|----------------------|-----|------|-----|------|-------|----------|---------|-------|-------|-------|-------|----------|
| | | | | | | | | | | _ | | |
| 2. | The | name | and | ado | iress | of the | regis | tered | agent | and | offic | ce is: |
| | | | | | | | | | | | | |
| Carlos M. SORIANO | | | | | | | | | | | | |
| | | | | | | (NAME) |) | | | | | |
| 4530 NW. 79 AVE.# 2C | | | | | | | | | | | | |
| | | | | | | (ADDR | ESS) | | | | | |
| | | | | MIAN | (I, F | LORIDA : | 33166 | | | | | |
| | | | | | (CI | TY/STAT | E/ZIP (| CODE) | | | | |

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.

Signature. Carlos M Soriano

October 9 , 2000

Date