Division of Corporations

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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 : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MAOR ENTERPRISES, INC.

Certificate of Status	Ü
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing

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ARTICLES OF INCORPORATION

OF

MAOR ENTERPRISES, INC.

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorportion for such corporation:

ARTICLE ONE

The name of the corporation shall be:

MAOR ENTERPRISES, INC.

ARTICLE TWO

This corporation is to have a perpetual existence.

ARTICLE THREE

The initial street address of the corporation's principal office is: 3271 N.W. 68 Street, Miami, Florida 33147.

ARTICLE FOUR

The purpose for which this corporation is formed is: to engage in any activities or business permitted under the laws of the United States and/or under the Law of the State of Florida.

ARTICLE FIVE

The corporation is authorized to issue 100 shares of common stock par value One (\$1.00) dollars.

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ARTICLE SIX

The name and street address of the corporation's initial registered agent and office are as follows:

REGISTERED AGENT

REGISTERED ADDRESS

MIGUEL A. OCANA

3271 N.W. 68 STREET MIAMI, FL 33147

ARTICLE SEVEN

The corporation shall have one Director initially. The number of directors may be either increased or decreased from time to time, pursuant to the By-laws of the corporation, but in no event shall there be less than on (1) director. The names and addresses of the persons comprising the initial Board of Directors, who shall hold office for the first year of the corporation's existence, of until successors are elected and qualified, are as follows:

NAME

ADDRESS

MIGUEL A. OCANA

3271 N.W. 68 STREET MIAMI, FL 33147

ARTICLE EIGHT

The name and address of the incorporator is as follows:

NAME

ADDRESS

MIGUEL A. OCANA

3271 N.W. 68 STREET MIAMI, FL 33147

ARTICLE NINE

The corporation may be dissolved at any time by (i) manimous written consent of the shareholders; or (ii) on the affirmative vote of the holders of at least two thirds (2/3rds) of the outstanding shares of the corporation entitled to vote thereon. Upon dissolution, the corporate property and assets shall, after payments of all debts of the corporation, be to the shareholders pro rata, each shareholder to participate in the distribution in direct portion

ARTICLE TEN

The corporation may be empowered to indemnify any former officer or director in the manner set out and provided for in the By-laws of the corporation.

STATE OF FLORIDA)
SS
COUNTY OF DADE)

to the number of shares held by him or by her.

The foregoing instrument was acknowledged before me this 15 lk day of Laceas been 2000, by MIGUEL A. OCANA, who is personally known by me.

(Signature of person taking anknowledgment)

OFFICIAL NOTARY SEAL

MARTHA ROCERS

NOTARY PUBLIC STATE OF FLORIDA

COMMESION NO. CLEOTIVE

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to Florida Statute Sec. 607.034, the corporation named below hereby designates the person or corporation named below to serve as the corporation's registered agent for the service of process within the State of Florids:

NAME OF THE CORPORATION:

MAOR ENTERPRISES, INC.

NAME OF REGISTERED AGENT:

MIGUEL A. OCANA

ADDRESS OF REGISTERED OFFICE:

3271 N.W. 68 STREET . **MIAMI, FL 33147**

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

The undersigned hereby accepts and agrees to the foregoing designation of the undersigned as registered agent for the above named corporation this /5 day of DEGEMBER, 2000.

STATE OF FLORIDA

)SS:

COUNTY OF DADE

The foregoing instrument was acknowledged before me this 15 th day of 1 Descended, 2000, by MIGUEL A. OCANA, who is personally known to me.

OFFICIAL NOTAX MARTHA ROCERS CHARLEGRILC STATE OF FLORIDA COMMESSION NO. COMPUT

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