ORTHOUSE ORLY (FAMILIE)
AZAKUS CORPORATE FILING SERVICE (Requester's Name) 3320 S.W. 87 AVENUE 5000035102767 (Address) -12/21/0801038-025 (Address) (City, State, Zip) (Phone #) (Phone #) (Phone #) OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. M D O INVESTMENTS, INC. (Corporation Hame) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #) Walk in Pick up time 2.06 Mail out Will wait Photocopy Certificate of Status
NEW FILINGS Profit NonProfit NonProfit Limited Liability Domestication Other OTHER FILINGS AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION QUALIFICATION
Annual Report Fictitious Name Name Reservation CUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials

ARTICLES OF INCORPORATION OF

M D O INVESTMENTS, INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the Taws of the State of Florida.

ARTICLE I

CORPORATION NAME

The corporation's name shall be: M D O INVESTMENTS, INC.

ARTICLE II

DURATION

This corporation shall exist perpetually unless dissolved according to Florida laws.

ARTICLE III

PURPOSE

The corporation is organized for the purpose of engaging in any activity of business permited under the laws of the United States and the State of Florida.

ARTICLE IV

CAPITAL STOCK

The corporation is authorized to issue one hundred 100) shares of Five (\$5.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V

PLACE OF BUSINESS

The principal place of business of said corporation shall be:

9320 Fontainebleau Blvd. # 506

Miami, FL 33172

ARTICLE VI

NUMBER OF DIRECTORS.

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII

BOARD OF DIRECTORS

The name and adresses of the first Board of Directors of this Corporation who shall hold office initially, are as follow:

	NAME: MANUEL	MONTES DE OCA,	JR		
·	ADDRESS: 93	20 Fontainebleau	ı Blvd # 506	_	•
	CITY: Miami	STATE: FL	Z.C.: 33172		
	NAME:	· · · · · · · · · · · · · · · · · · ·			i
	ADDRESS:			-	
	CITY:	STATE:	Z.C.:	-	· ·
	NAME:				
	ADDRESS:			-	
	CITY:	STATE:	_Z.C.:		
		ARTICLE VIII			
		INCORPORATORS		-	
The na	me and addresse	es of the incorp	orators signin	- o these Arti	cles of the
incorporati	on, are as foll	Low:		2 cuepe where	CIES OI CIR
NA	ME: MANUEL MOI	NTES DE OCA, JR	TITLE: P	resident	
AI	DRESS: 9320 Fo	ontainebleau Blv	d. # 506		
Cl	TY: Miami	STATE:_	FL Z.C.:	33172	**
NA	ME:		TITLE:		
AΓ	DRESS:		*		
CI	TY:	STATE:	Z.C.:		
AD	DRESS:				
CI	TY:	STATE:	Z.C.:		
Articles of	Incorporation,	the undersigned this 20 day	of <u>December</u>	have execut	ted these f <u>2000</u>
All.	Aph blech	. (Seal)		- · 	(Seal)
·	· · · · · · · · · · · · · · · · · · ·	(Seal)	······································	· 	(Seal)
		(Seal)			_(Seal)

STATE OF FLORIDA)
COUNTY OF MIAMI DADE)

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

MANUEL MONTES DE OCA, JR.

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that HE executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this $20~{\rm day}$ of December of 2000

Notary Public State of Florida at large

> OFFICIAL NOTARY SEAL GEORGINA BALLINA NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC664575 MY COMMISSION EXP. JULY 16,2001

CERTIFICATE OF REGISTERED AGENT

OF

M D O IN	VESIMENTS,	INC
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In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That M D O INVESTMENTS, INC. desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation at city of Miami, County of Miami-Dade State of Florida, has named:

To: MANUEL MONTES DE OCA, JR

Located at: 9320 Fontainebleau Blvd. # 506

City of: Miami County of: Miami-Dade

State of Florida.

at its Agent to accept service of process within this State.

ACKNOWL EDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Registered Agent

