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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 : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

ROSICLER TECHNICAL CONSULTING INC.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 26, 2001

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SUBJECT: ROSICLER TECHNICAL CONSULTING INC.

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Becky McKnight Document Specialist FAX Aud. #: H01000010846 Letter Number: 901A00004383

articles of incorporation of rosicler technical CONSULTING, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - Name:

The name of the corporation shall be:

Rosicler Technical Consulting, Inc.

ARTICLE II - Principal Office:

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

1355 Campo Sano Avenue Coral Gables, FL 33146

ARTICLE III - Shares:

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

1,000 shares with a per value of \$1.00 per share

ARTICLE IV - Initial Registered Agent/Incorporator and Street Address:

The name and Florida street address of the initial registered agent/incorporator are:

Seyed K. Zaribaf

1355 Campo Sano Avenue

Coral Gables, FL 33146

Signature/Incorporator

ARTICLE V - Officers and Directors

The initial officer and directors are as follows:

President and Treasurer:

Seyed K. Zaribaf

Vice-President and Secretary:

Seyed K. Zaribaf

Directors:

Seyed K. Zaribaf

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/Registered Agent

Date