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Nora Rilo-Manito, Esquire Immigration Services & Associates 5617 South Dixie Highway West Palm Beach, Florida 33405

Phone (561) 547-5756 Fax (561) 547-8286

February 8, 2001

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

Re: PARK VILLAS, INC.

200003678162--1 -02/14/01--01014--003 *****78.75 ******78.75

Dear Sir or Madam:

Please be advised that this firm represents Park Villas, Inc. Enclosed please find the Articles of Incorporation for the above-captioned corporation and our check in the amount of \$78.75.

Please file the Articles of Incorporation for Park Villas, Inc. and forward evidence to that effect to our office at your earliest convenience.

Should you have any questions or require anything further, please feel free to contact this office at the numbers indicated above.

Sincerely,

Haydee Perez, President

Immigration Services & Associates

HP/ow Enclosures

CERTIFIED MAIL

OI FEB 13 PM 2: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

De la

ARTICLES OF INCORPORATION

of

PARK VILLAS, INC.

(name of corporation)

| The undersigned acting as the incorporators of | a corporation under the Florida Business Corporation Act, adopt(s) |
|--|--|
| the following articles of incorporation for such corporation | oration: |

| | | ₹S C. |
|--|--------------------------------------|-------------------------------------|
| The name of the corporation is: | | ALL SEC |
| PAF | RK VILLAS, INC. | |
| | | ARY ASSE |
| A DT | CLE II - DURATION | me m |
| • | | M 2: |
| This corporation shall exist perpetually unless diss | olved according to Florida law. | D PM 2: 28 F STATE FLORIDA |
| ART | ICLE III - PURPOSE | |
| The corporation is organized for the purpose of en nited States and the State of Florida. | gaging in any activities or business | permitted under the laws of t |
| ARTICI | E IV - CAPITAL STOCK | |
| The corporation is authorized to issue500 | shares of common stock, par value | \$ 1.00 per shar |
| The street address of the initial principal office an | | |
| | | |
| 4448 NORTH OCEAN BLVD, #4 | | |
| | | |
| CITY DELRAY BEACH, | FLORIDA | ZIP 33483 |
| Mailing address, if different | FLORIDA | ZIP 33483 |
| Mailing address, if different | FLORIDA | ZIP 33483 |
| Mailing address, if different STREET ADDRESS | FLORIDA | |
| | FLORIDA | ZIP 33483 ZIP |
| Mailing address, if different STREET ADDRESS SAME AS ABOVE CITY | | ZIP |
| Mailing address, if different STREET ADDRESS SAME AS ABOVE CITY | FLORIDA L REGISTERED OFFICE AND A | ZIP AGENT |
| Mailing address, if different STREET ADDRESS SAME AS ABOVE CITY ARTICLE VI - INITIAL | FLORIDA L REGISTERED OFFICE AND A | ZIP AGENT |
| Mailing address, if different STREET ADDRESS SAME AS ABOVE CITY ARTICLE VI - INITIAL The street address of the initial registered off | FLORIDA L REGISTERED OFFICE AND A | ZIP AGENT |

ARTICLE VII - INITIAL BOARD OF DIRECTORS

| This co | rporation shall have | TWO (|) dire | ctors initially. The | number of directors | s may be |
|----------------|--------------------------------|--------------------|-------------------|---------------------------------------|---------------------|----------|
| either increas | sed or diminished from time | to time by the By | y-Laws, but shall | never be less than | one (1). The names | and |
| addresses of | the initial director(s) of the | corporation are as | s follows: | | | |
| | | • | | | | |
| NAME | FRANCISCO DANIEL BAV | ARO | | | | |
| ADDRESS | 4448 NORTH OCEAN BLVI | D, APT. 4 | | | | |
| CITY | DELRAY BEACH, | | STATE | FLORIDA | ZIP 3348: | 3 |
| NAME | RUBEN F. ALONSO | | | | | |
| ADDRESS | 4448 NORTH OCEAN BLV | D, APT. 4 | | | | |
| CITY | DELRAY BEACH, | | STATE | FLORIDA | ZIP 33483 | 3 |
| NAME | = | | | · · · · · · · · · · · · · · · · · · · | | |
| ADDRESS | | | | - | | - |
| CITY | | | STATE | | 7TP | |

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| NAME | FRANCISCO DANIEL BAVARO | | |
|---------|-------------------------------|---------------|-----------|
| ADDRESS | 4448 NORTH OCEAN BLVD, APT. 4 | | |
| CITY | DELRAY BEACH, | STATE FLORIDA | ZIP 33483 |
| NAME | RUBEN F. ALONSO | | |
| ADDRESS | 4448 NORTH OCEAN BLVD, APT. 4 | | |
| CITY | DELRAY BEACH, | STATE FLORIDA | ZIP 33483 |
| NAME | | | • |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

| | 19 | 2001 | · | | | |
|---|----------|--|------------|---------|--|------|
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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

| PARK VILLAS, | |
|---|--|
| Pursuant to Florida Statutes Sections 48.091 and 60' The above corporation, organized under the laws of | • |
| as indicated in the Articles of Incorporation | |
| at 4448 NORTH OCEAN BLV | · · · · · · · · · · · · · · · · · · · |
| DELRAY BEACH, FLORIDA has named HAYDEE PEREZ | A 33483 |
| has named HAYDEE PEREZ | |
| located at the aforesaid address, as its registered age | ent to accept service of process within this |
| state. | |
| Having been named as registered agent and to accept corporation at the place designated in this certificate | • |
| tered agent and agree to act in this capacity. I further | r agree to comply with the provisions of all |
| statutes relating to the proper and complete perform | ance of my duties, and I am familiar with |
| and accept the obligations of my position as register | red agent. |
| Abyde Ley (Signature) | FEBRUARY 5, 2001 (Date) |