

Charter Number Only

345101

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VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

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*****78.75 *****78.75

CORPORATION(S) NAME

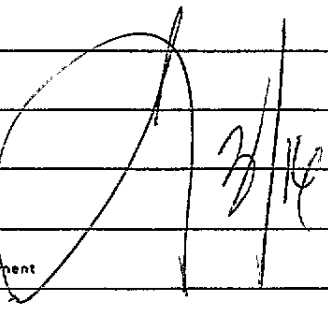
Liefjon, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

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|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

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DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION
OF
Liefjon, Inc.**

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I – CORPORATE NAME

The name of the corporation is: Liefjon, Inc.

ARTICLE II – DURATION

The corporation shall exist perpetually unless dissolved by Florida law.

ARTICLE III – PURPOSE

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

ARTICLE IV – CAPITAL STOCK

The corporation is authorized to issue ten thousand (10,000) of one tenth of one penny (\$.001) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V – INITIAL REGISTERED OFFICE AND AGENT

The principal office of the corporation is:

Liefjon, Inc.
19530 N.E. 19th Ct.
North Miami Beach, FL 33179

The name and street of the Initial Registered Agent is:

Jonathan M. Lief
19530 N.E. 19th Ct.
North Miami Beach, FL 33179

ARTICLE VI – INITIAL BOARD OF DIRECTORS

The corporation shall have one (1) director initially. The number of directors may either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial director:

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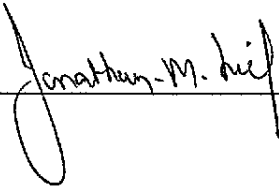
Jonathan M. Lief
19530 N.E. 19th Ct.
North Miami Beach, FL 33179

ARTICLE VII – INCORPORATORS

The name and address of the incorporator signing these Articles of Incorporation is:

Jonathan M. Lief
19530 N.E. 19th Ct.
North Miami Beach, FL 33179

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 14th day of March, 2001


_____(Seal)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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.

First that Liefjon, Inc. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation has named Jonathan M. Lief located in Miami, County of Dade, State of Florida, as its agent to accept service of process within this State

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: _____

Jonathan M. Lief

Registered Agent

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