

OFFICE USE ONLY

# P01000043995

## LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

100004132021--8

-05/02/01--01053--003

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NBM WORLD LINK, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

RECEIVED  
TALLAHASSEE FLORIDA  
MAY -2 11:00  
WALK IN  
MAIL OUT  
KNOWLEDGE  
CONFIDENCE  
COURTESY  
OF FILING

☒ Walk in ☒ Pick up time 2:00

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

01 MAY +2 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

5/2  
Examiner's Initials

ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

FILED  
01 MAY -2 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: N B M WORLD LINK , INC.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

3501 SW. 107 Ave.  
Miami, Fl. 33165

ARTICLE III : SHARES

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

100 Shares Common Stock, No Par Value

ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nelson I. Diaz  
3501 SW. 107 Av  
Miami, FL 33165

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is

Nelson I. Diaz	3501 SW. 107 AVE
President	
With 33 % of the shares	Miami, Fl. 33165

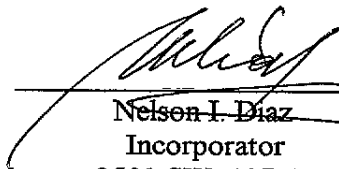
Mario Aristizabal	
1st. Vice-President and Treasurer	Same
With 33% of the Shares	

Raul Berrios Cabanin	
Secretary	
With 24 % of the Shares	Same

Eduardo Abarca	Same.
2 <sup>nd</sup> . Vice-President	
With 10% of the Shares	

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

25th.. day of April, 2001

  
\_\_\_\_\_  
Nelson I. Diaz  
Incorporator  
3501 SW. 107 Ave  
Miami, Fl. 33165

CERTIFICATE OF DESIGNATION OF 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.

The name of the corporation is : N B M WORLD LINK, INC.

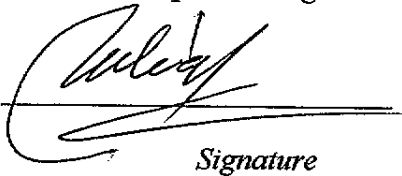
The name and address of the registered agent and office is:

\_\_\_\_\_  
Nelson I. Diaz  
(Name)

\_\_\_\_\_  
3501 SW. 107 Ave  
(Address)

\_\_\_\_\_  
Miami, FL 33165  
(City/State/Zip)

*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 positions as registered agent.*

  
Signature

FILED  
01 MAY -2 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
ate :04--200