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Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : MEDGUARD BUSINESS CENTER, INC.  
Account Number : I19990000019  
Phone : (305) 389-2049  
Fax Number : (305) 826-2165

FLORIDA PROFIT CORPORATION OR P.A.

Zoila A.L.F. Inc.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

**FAXED**

19:36 19M  
Date: 06/22/01

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:  
Zoila A.L.F. Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
6242 S.W. 106th Avenue  
Miami, Florida 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
The number share which this corporation shall have the authority to issue is 100 shares of common stock No Par Value. Each share shall have equal rights to each other share with respect to dividends voting and in liquidatio

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rene Blanco  
14321 S.W. 18th Street  
Miami, Florida 33175

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Rene Blanco  
14321 S.W. 18th Street  
Miami, Florida 33175

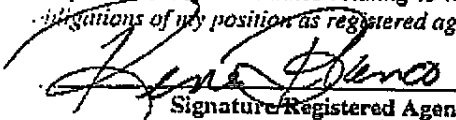
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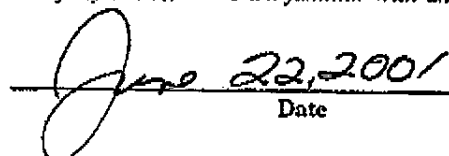
  
Signature/Incorporator

  
Date

(An additional article must be added if an effective date is requested.)

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