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01 JUL 16 AM 8:30

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

SUBJECT:	MAHO Collection Corp. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
			2 0000447 -07/16/01 *****78.			
Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a	check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status			
FROM:	Name (Pr 10550 NW	rinted or typed) 77 Th Court, Address	SuiTe 224			
	HIALEAH GAR City, (305) 556 Daytime To	•	3016			
Daytime Telephone number						

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corpora Business Corporation Act, hereby adopts the following Articles of I	ration under the	FAIJUL 16	AM 8:	: 30
ARTICLE I NAME The name of the corporation shall be:		SECRETARY TALLAHASSE	OF ST E FLO	ATE RIDA

MAHO COLLECTION CORP.

ARTICLE II PRINCIPAL OFFICE

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

14102 SW 93RD LANE, BUILDING 14, APT 02, MIAMI, FLORIDA 33186

ARTICLE III SHARES

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

1000 shares of common stock having no par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The street address of the initial registered office of the corporation shall be:

MAURICIO CORTES 14102 SW 93RD LANE, BUILDING 14, APT 02, MIAMI, FLORIDA 33186

ARTICLE V INCORPORATOR

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

JOHANNA MUNOZ 14102 SW 93RD LANE, BUILDING 14, APT 02, MIAMI, FLORIDA 33186

Signature/Incorporator Date

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