LAZIRUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Aldross)

MÌAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

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CORPORATION NAME(s) & DO	CUMIENT NUMI	BER(S) (if known):		1 0
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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.

ARTICLE I - NAME

The name of the corporation shall be:

General Professional Management, Corp.



ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

8251 N. W. 165th Terrace Miami Lakes, Florida 33016

ARTICLE III - SHARES

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

100 Shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Daylet M. Yanes 8251 N. W. 165th Terrace Miami Lakes, Florida 33016

<u>ARTICLE V – INCORPORATOR(S)</u>

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

- Daylet M. Yanes 1. 8251 N. W. 165th Terrace Miami Lakes, Florida 33016
- 2. Alejandro A. Casuso 8251 N. W. 165th Terrace Miami Lakes, Florida 33016

The undersigned incorporator has executed these Articles of Incorporation

this 13th day of September, 2001.

<u>ARTICLE VI – DIRECTOR(S)</u>

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is/are:

1. President

> Daylet M. Yanes 8251 N. W. 165th Terrace Miami Lakes, Florida 33016

2. Secretary

> Alejandro A. Casuso 8251 N. W. 165th Terrace Miami Lakes, Florida 33016

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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SECRETARY OF STATE
ALLAHASSEE FIORIDA