

CORPORATION(S) NAME

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ARTICLES OF INCORPORATION

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MDI, Inc.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: UDI, Inc.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

8230 WW 1835T. HIGIEAH, 7L 33015 ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

8230 DU 1835T. Higherhite 33015

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Miriam Gomez 8230 NW 1835T. Hialeat, 7L. 33015

ARTICLE VIII

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

Miriam Gamez 8230 NW 183 ST. Hialeat Pl. 33015

The undersigned has executed these Articles of Incorporation this 21 ST day of September 2001.

INCORPORATOR

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 617.0501, 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 MDI, Inc					
p	(Name of Corporation)				
desiring to organize under the laws	of the State of	FLORIDA			
•	• (Florida)			
with its principal office, as indicated	in the articles of incorpo	oration has			
	· .				
named Miriam Gome	Ζ				
(Name of	Registered Agent)				
located at 8230 NW 183					
(P.O. Box	Not Acceptable)	•			
(P.O. Box) City of Hiakah County of J	State of FI	orida, as its			
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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.