

OFFICE USE ONLY DOCUMENT #

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. Moduliform Corporation (Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #) **200004734192-8**
12/20/01-01040-004
***78.75 ***78.75

4. _____ (Corporation Name) (Document #)

Walk in Pick up time 2.00

Certified Copy

Mail out Will wait Photocopy

Certificate of Status

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

Examiner's Initials 12/20



FLORIDA DEPART

Kather
Secr

December 20, 2001

LAZARUS

MIAMI, FL K

SUBJECT: MODUFORM CORPORATION
Ref. Number: W01000029126

RECEIVED

01 DEC 21 PM 3:17

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MODUFORM CORPORATION. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 701A00066662

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be: MADEFORM CORPORATION

01 DEC 21 PM 4:00
APPROVED
AND
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE II - PRINCIPAL OFFICE

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

7175 SW 8th ST STE- 209
MIAMI, FL, 33144

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

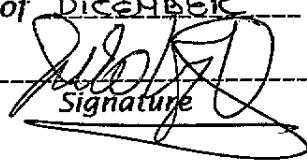
JORGE L. DIAZ
7175 SW 8th ST STE- 209
MIAMI, FL, 33144

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: 7175 SW 8th ST STE-209
MIAMI, FL, 33144

JORGE L. DIAZ

The undersigned incorporator has executed these Articles of Incorporation this 19 day of DECEMBER 2001


Signature

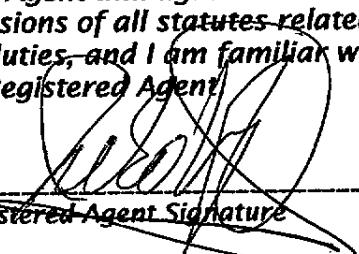
ARTICLE VI- DIRECTOR(S)

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

RAMIRO MASSARD - PRESIDENT
7175 SW 8th ST STE-209
MIAMI, FL, 33144

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

01 DEC 21 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED