

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

Provisional 93/27

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

1. ACOSTA MULTIPLE SERVICES INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

700005040737--1
-03/04/02--01012--013
*****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 type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input 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 |

DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS
TALLAHASSEE, FLORIDA

RECEIVED
02 MAR -4 AM 11:26

3/4

FILED
02 MAR -4 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

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

THE NAME OF THE CORPORATION SHALL BE:

Acosta Multiple Services Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

1740 Palm Ave.
Hialeah Fl. 33010

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

500 Shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

YALMAR ACOSTA
226 E. 17th
Hialeah Fl. 33010

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ARTICLE V INCORPORATOR(R)

THE NAMES AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

YALMAR ACOSTA
226 E. 17th
Hialeah FL. 33010

ARTICLE VI DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

YALMAR ACOSTA
226 E. 17th
Hialeah FL. 33010

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 1st DAY OF March 2002

* Acosta
SIGNATURE

SIGNATURE

SIGNATURE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT\REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLO-
WING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGEN, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS:

Acosta Multiple Services Inc.

THE NAMES AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

NAME: YALMAR ACOSTA

ADDRESS 226 E. 17 ST.

CITY, STATE, ZIP Hialeah FL 33010

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATE 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 PERTAINING TO THE PROPER AND
COMPLETE PERFORMANCE OF MY DUTIE, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE * [Signature]

DATE: 3/1/02

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