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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.
PROFESSIONAL VISA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLE OF INCORPORATION
OF
PROFESSIONAL VISA, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of incorporation.

ARTICLE I NAME.

The Name of the Corporation shall be:

PROFESSIONAL VISA, INC.

The principal place of business of this corporation shall be:

PROFESSIONAL VISA, INC.
7372 NW 12 STREET
MIAMI, FLORIDA 33126.

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TALLAHASSEE, FLORIDA

ARTICLE II NATURE OF BUSINESS.

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, The State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK.

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

One Thousand shall of common stock at one dollar par value.

ARTICLE IV TERM OF EXISTENCE.

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS.

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

President : Sergio Saladrigas
7372 NW 12 STREET
MIAMI, FLORIDA 33126.

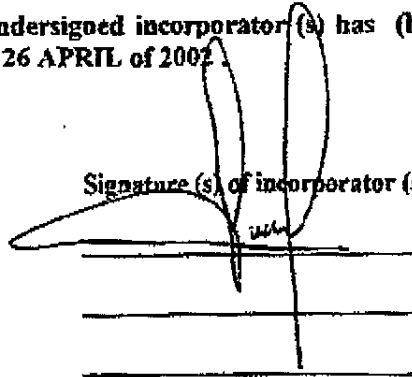
ARTICLE VI INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

Sergio Saladrigas
7372 NW 12 STREET
MIAMI, FLORIDA 33126.

IN WITNESS WHEREOF, The undersigned incorporator (s) has (have) executed these Articles of incorporation this 26 APRIL of 2002.

Signature (s) of incorporator (s)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE.

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under The laws of the State of Florida, submit 's the following statement in designating the registered office/registered agent, in the State of Florida

1. The name of the corporation:

PROFESSIONAL VISA, INC.

2. The name and address of the registered agent and office is:

Sergio Saladrigas
7372 NW 12 STREET
MIAMI, FLORIDA 33126.

SIGNATURE

TITLE : PRESIDENT

DATE : 04/26/2002

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

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