CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-88 0 • Fax (850) 222-1222



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| Signature | | |
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| Requested by: | 2//6_ | 10:05 |
| Vame Walk-In | Date Will Pick Up | Time |

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| | |
| \mathcal{X} | Art of Inc. File |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Art. of Amend. File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatemen |
| | Cert. Copy |
| | Photo Copy S T |
| | Certificate of Good Standing |
| | Certificate of Status 73 |
| | Certificate of Fictitious Name 28 |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| | Fictitious Owner Search |
| | Vehicle Search |
| | Driving Record |
| | UCC 1 or 3 File |
| | UCC 11 Search |
| | UCC 11 Retrieval |

Courier_



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 16, 2002

CAPITAL CONNECTION INC.

SUBJECT: M.A.E.'S, INC. Ref. Number: W02000020523

We have received your document for M.A.E.'S, INC.. 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: 902A00043768

OS ME 19 FH 3: 02

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

ARTICLES OF INCORPORATION OF

BIANGEL, INC. 11600 SW 102nd STREET MIAMI, FL. 33176 OZ JIL 19 PM 2: 28

THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE 1 - CORPORATE NAME

THE NAME OF THE CORPORATE IS: BIANGEL, INC.

ARTICLE II - DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.

ARTICLE III -PURPOSE

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV- CAPITAL STOCK

THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES (__500____) OF (one) DOLLAR (s) (\$__1.00_____) PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON STOCK".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

| THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORA NAME: IVETTE MENDOZA | TION IS: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| ADDRESS: 11600 SW 102nd STREET | A |
| CITY: MIAMI,FLORIDAZIP_331 | 76 |
| ARTICLE VI- INITIAL BOARD OF DIRECTORS | |
| THIS CORPORATION SHALL HAVE COME TIME OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAMES AND ADDRESS OF DIRECTOR(s) OF THE CORPORTATION ARE AS FOLLOWS: | THE INITIAL |
| NAME: IVETTE MENDOZA | |
| ADDRESS: 11600 SW 102nd STREET | |
| CITY: MIAMI,FLORIDAZIP 33176 | |
| NAME: RICHARD MENDOZA | |
| ADDRESS:11600 SW 102nd STREET | |
| CITY: MIAMI,FLORIDAZIP 33176 | - <u>-</u> |
| ARTICLE VII - INCORPORATORS THE NAME AND ADDRESSES OF THE PERSON(s) SIGNING THESE ARTICLES INCORPORATION ARE AS FOLLOWS: NAME: IVETTE MENDOZA ADDRESS: 11600 102 nd STREET CITY: MIAMI, FLORIDAZIP_33176 | |
| NAME: RICHARD MENDOZA | |
| ADDRESS: 11600 102 nd STREET | |
| CITY: MIAMI,FLORIDAZIP 33176 | |

| IN WITNESS WHE of incorporation this | REOF, THE UNDERSIGNED SUBSCRIBER (S) HAVE EXECUTED THESE ARTICLES TWENTY SIX(26th)DAYOFJUNE2002 |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| | IVETTE MENDOZA (SEAL) |
| | PACHARD MENDOZA (SEAL) |
| | (SEAL) |
| STATE OF FLORIDA |) |
| | |
| | .SS |
| COUNTY OFDADE | |
| BEFORE ME, A NOTARY P SET FORTH ABOVE PERSO | UBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY DNALLY APPEARED |
| IVETTE MENDOZA | |
| KNOWN TO ME AND KNOW INCORPORATION, AND W EXECUTED THESE ARTIC | YN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING ARTICLES OF HO ACKNOWLEDGE BEFORE ME THAT (SHE) IVETTE MENDOZA LES OF INCORPORATION |
| IN WITNESS WHE | REOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE STATE AND S TWENTY SIXTH (26th) DAY OF JUNE 1000 Linds L Wilson |
| COUNTI AFORESAID THE | MT COMMISSION # CC987703 EXPIRES December 17, 2004 BONDED THRU TROY FAIN INSURANCE, INC. |
| | (NOTARY SEAT) Linea Stubon |
| | (NOTARY PUBLIC, STATE OF FLORIDA AT LARGE) |
| | LINDA L. WILSON |
| | MY COMMISION # CC987703 |

MY COMMISION EXPIRES: DECEMBER 17,2004

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

| CERTIFICATE OF REGISTERED AGENT OF | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | | |
| (name of corporation) | | |
| PURSUANT TO FLORIDA STATUE SECTIONS 48.091 AND 607.304, THE FOLLOWING SUBMITTED: | | |
| THE ABOVE CORPORTATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION | | |
| AT 11600 102 ^{M STREET} MIAMI ,FL 33176 | | |
| HAS NAMED IVETTE MENDOZA | | |
| LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE. | | |
| | | |

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE. I HEREBYAM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT.

(registered agent)