Division of Corporations

Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H020001698107)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0361

From:

: BERRIZ & GIRALDO P.A. Account Name

Account Number : I19990000017 Phone

: (305)485-9300 : (305)485-1098 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

MVM OF AMERICA, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

HD2 000169 810 7
ARTICLES OF INCORPORATION

02/1/20 PM 22 PM 1:30

OF

MVM OF AMERICA, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

MVM OF AMERICA, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

MVM OF AMERICA, CORP.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300 Hoz 000 169 810 7

Ho2 000 169 810 7

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

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 V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

VICTOR H. GALBAN 16674 HEMINGWAY DRIVE LOT # 220 FORT LAUDERDALE, FL. 33326

The principal office shall be:

P.O. BOX 266906 FORT LAUDERDALE, FL. 33326

Ho2 0001698107

Hoz 000 169 810 7

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO (02)** persons, and the name and address of the persons who are to serve as initial directors are:

VICTOR H. GALBAN 16674 HEMINGWAY DRIVE LOT # 220 FORT LAUDERDALE, FL. 33326 PRESIDENT

NELLY MAGALLY ROQUE PEREZ 16674 HEMINGWAY DRIVE LOT # 220 FORT LAUDERDALE, FL. 33326 VICEPRESIDENT

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

VICTOR H. GALBAN 16674 HEMINGWAY DRIVE LOT # 220 FORT LAUDERDALE, FL. 33326

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 15 Day of JULY, 2002.

VICTOR H. GALBAN

ARTICLE VII

THE STOCKHOLDER'S FOR THIS CORPORATION IS:

VICTOR H. GALBAN

100% SHARES

H02000 169 810 7

02 JUL 22 PM 4:50

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 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.

1. The Name of the corporation is:

MVM OF AMERICA, CORP.

2. The Name and Address of the registered agent and office is

VICTOR H. GALBAN 16674 HEMINGWAY DRIVE LOT # 220 FORT LAUDERDALE, FL. 33326

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.

SIGNATURE

Dated: JULY 15, 2002.

Ho2000169810 7