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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

**FLORIDA PROFIT CORPORATION OR P.A.**

**MALAYAN PALMS, INC.**

Certificate of Status	--	0
Certified Copy	--	1
Page Count	--	04
Estimated Charge		\$78.75

ARTICLES OF INCORPORATION

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OF

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MALAYAN PALMS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Corporation is: MALAYAN PALMS, INC.

ARTICLE II

The period of its duration is perpetual.

ARTICLE III

The purpose for which this corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under the Florida Corporation Act.

ARTICLE IV

The Corporation's principal office is located at: 21001 S.W. 167<sup>TH</sup> Ave.  
Miami, Florida 33187

ARTICLE V

The aggregate number of shares which the corporation shall have authority to issue is 1000 of the par value of ONE DOLLAR (\$1.00) each.

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Prepared by:

YADIRA MOREL, ESQ.  
782 N. W. 42<sup>ND</sup> Avenue, Suite 530  
Miami, FL 33126  
(305) 448-0012

ARTICLE VI

The corporation will not commence business until it has received for the issuance of shares consideration of the value of: \$1,000.00 consisting of money, labor done or property actually received.

ARTICLE VII

The street address of its initial registered offices is: 21001 S.W. 167<sup>th</sup> Ave, Miami, Florida, 33187, and the name of its initial registered agent at such address is MANUEL M. RODRIGUEZ-FIOL.

ARTICLE VIII

The number of directors constituting the initial board of directors is 5 and the name(s) and addresses of the person or persons who are to serve as directors and/or officers until the first annual meeting of the shareholders or until their successors are elected and qualified are:

	<u>Name/Position</u>	<u>Address</u>
MICHAEL C. PHANG SANG	Director	9440 S.W. 148 St. Miami, FL 33176
JORGE CAMARAZA	Director	21001 S.W. 167 Ave. Miami, FL 33187
TIM HODGINS	Pres/Director	21001 S.W. 167 Ave. Miami, FL 33187
RICARDO COLLAZO	V. Pres./Director	21001 S.W. 167 Ave. Miami, FL 33187
MANUEL M. RODRIGUEZ-FIOL	V. Pres./Director	21001 S.W. 167 Ave. Miami, FL 33187

## ARTICLE IX

The name and address of each incorporator is:

**TIM HODGINS**

- Pres/Director

21001 S.W. 167 Ave.  
Miami, FL 33187

## ARTICLE X

**The name and address of the person(s) signing these articles is (are):**

**TIM HODGINS**

Pres/Director

21001 S.W. 167 Ave.  
Miami, FL 33187

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 25 day of March, 2003.

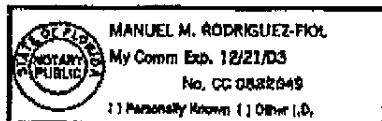
  
TIM HODGINS

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared TIM HODGINS, [ ] known to me personally or [ ] who produced a valid identification, and who executed the foregoing Articles of Incorporation in my presence.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 25th day of MARCH, 2003.



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CERTIFICATE OF DESIGNATION

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REGISTERED AGENT/REGISTERED OFFICE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, 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: MALAYAN PALMS, INC.
2. The name and address of the registered agent and office is:

MANUEL M. RODRIGUEZ-FIOL

21001 S.W. 167<sup>th</sup> Ave.  
Miami, FL 33187

Signature: 

MANUEL M. RODRIGUEZ-FIOL

Title: Registered Agent

Date: 25<sup>th</sup> day of MARCH, 2003

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 PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature: 

MANUEL M. RODRIGUEZ-FIOL

Date: 25<sup>th</sup> day of MARCH, 2003