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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

FLORIDA PROFIT CORPORATION OR P.A.

SILVIA ARAHI, CORP.

Certificate of Status	0
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03 MAR 27 /M 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
SILVIA ARAHI, CORP.**

THE UNDERSIGNED, has executed the following document as incorporator of the above, name corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SILVIA ARAHI, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Article 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: **SILVIA ARAHI, CORP.**

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of (100) 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.

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TALLAHASSEE, FLORIDA

ARTICLE V

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

LUIS ALFONSO CHIRIBOGA

PRESIDENT

The principal office shall be:

4995 NW. 72 AV. # 205
MIAMI FLORIDA, 33166

ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) person, and the name and address of the person who is to serve as an initial director is:

(P) LUIS ALFONSO CHIRIBOGA 4995 N.W. 72 Ave. Suite #205, Miami, Fl. 33166


(VP) MARZENA OLESZCZAK DE CHIRIBOGA 4995 N.W. 72 Ave. Suite 205, Miami , Fl. 33166

ARTICLE VII

The name and address of the incorporator executing these Articles of incorporation is:

LUIS ALFONSO CHIRIBOGA
4995 NW. 72 AV. # 205
MIAMI FLORIDA 33166

IN WITNESS WHERE OF, the undersigned incorporator has(ve) executed these Articles of incorporations this day of



Chiriboga

**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 Corporation is:

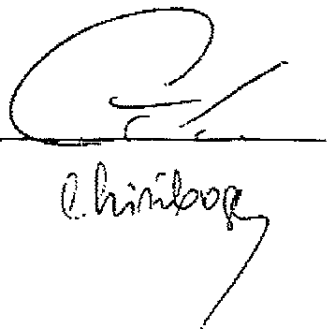
SILVIA ARAHI, CORP.

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

LUIS ALFONSO CHIRIBOGA
4995 N.W. 72 AVE. SUITE 205
MIAMI, FLORIDA 33166

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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



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