Division of Corporations

DIBINIOUS SOCIATIONS

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To:

Division of Corporations

Pax Number

: (850)205-0381

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Account Name : FAS-T CORP. ACENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

B&B BUSINESS GROUP, CORP.

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FLORIDA DEPARTMENT OF STATE Chenda E. Hood Secretary of State

May 6, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: BAB. BUSINESS GROUP, CORP

REF: W03000012882

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the registered agents name only in article V. All directors names should be listed in article VI.

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) 245-6995.

Wanda Cunningham Document Specialist New Filings Section Amount charged: 78.75 FAX Aud. #: H03000186667 Letter Number: 503A00027873 H03000186667 9



ARTICLES OF INCORPORATION OF B&B. BUSINESS GROUP, 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:

B&B. BUSINESS GROUP, 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: B&B. BUSINESS GROUP, CORP

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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.

Unles 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:

EDUARDO BAREA

DIRECTOR

The principal office shall be:

4995 NW.72 AV. # 409 MIAMI FLORIDA, 33166

ARTICLE VI

The initial Board of Directors shall consist of a total of FOOR (4) persons, and the name and address of the person who is to serve as an initial director is:

(D) EDUARDO BAREA 4995 N.W. 72 Ave. Suite #409, Miami, Fl. 33166

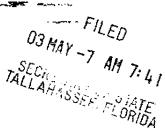
ARTICLE VII

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

EDUARDO BAREA 4995 NW. 72 AV. # 409 MIAMI FLORIDA 33166

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





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:

B&B. BUSINESS GROUP, CORP

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

EDUARDO BAREA 4995 N.W. 72 AVE. SUITE 405 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 AGREEE 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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