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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.

MOISES ROBLES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MOISES ROBLES, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**601 N.E. 22nd Street Apt. # 33
Miami, FL 33137**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any legal business

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of \$1.00 par value each

ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)

The name(s) and address(es):

P/D **MOISES ROBLES**
T **MOISES ROBLES**
S/D **CHRISTYAN GARCIA**
601 N.E. 22nd Street Apt. # 33 MIAMI FL 33137

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**Ugo V. Chiarato
12000 Biscayne Blvd. Suite 507
Miami, FL 33181**

ARTICLE VII INCORPORATOR

The name and the address of the Incorporator is:

**MOISES ROBLES
601 N.E. 22nd Street Apt. # 33
MIAMI FL 33137**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

JUNE 10, 2003
Date



Signature/Incorporator

JUNE 10, 2003
Date