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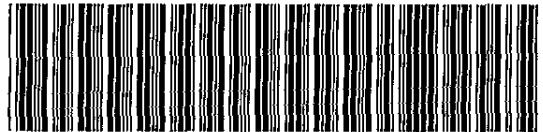
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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**LAZARUS CORPORATE FILING SERVICE**

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**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MARIA-MIKE-RUDY INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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 Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:*

### ARTICLE I NAME

The name of the corporation shall be:

**MARIA-MIKE-RUDY INC**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4613 S UNIVERSITY DR  
DAVIE, FL 33328

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES (100) WITH ONE DOLLAR (\$1.00) VALUE PER SHARE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARIA I CASTANO  
8932 NW 15 CT  
PEMBROKE PINES, FL 33024

**ARTICLE V INITIAL DIRECTORS / OFFICERS**

The name(s), address(es) and title(s) of the initial Directors / Officers of this Corporation is (are):

Maria I Castano, President  
8932 NW 15 CT  
Pembroke Pines, FL 33024

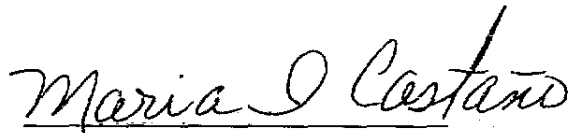
Mike Wilber, Vice-president  
8932 NW 15 CT  
Pembroke Pines, FL 33024

**ARTICLE VI INCORPORATOR(S)**

The name(s) and address(es) of the Incorporator(s) is(are):

Maria I Castano  
8932 NW 15 CT  
Pembroke Pines, FL 33024

The undersigned has (have) executed these Articles of Incorporation this 5th day  
of August, 2003.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

**FILED**  
**03 AUG -6 PM 12:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Pursuant to the provisions of section 607.0501, 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.

The name of the corporation is: **MARIA-MIKE-RUDY INC**

The name and address of the registered agent and office is:

**MARIA I CASTANO** (Name)  
**8932 NW 15 CT** (PO Box **not** accepted)  
**PEMBROKE PINES, FL 33024** (City, State, Zip)

Signature *Maria I Castano*  
(Corporate Officer)

Title: **PRESIDENT**

Date: **August 5, 2003**

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: *Maria I Castano*

DATE: August 5, 2003

**REGISTERED AGENT FILING FEE: \$35.00**