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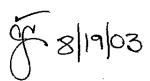
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DIVISION OF CONTORATIONALL ANASSEE FLORIDA



2003 AUG 19 PM 1:02 OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE **3320 S.W. 87 AVENUE** MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. ANKARES GROUP INC. (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.66 Certified Copy Mail out | Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FUNGS

QUALIFICATION

Limited Partnership

Reinstatement

Trademark

Other

Foreign

Annual Report

Fictitious Name

Name Reservation

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida, Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE

ANKARES GROUP INC

ARTICLE II PRINCIPAL OFFICE

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

1399 NORTH WEST 17<sup>TH</sup> AVE 308 MIAMI FLORIDA, 33126

ARTICLE III SHARES

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

Five hundred (500) value \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are (

LAZARO SANDOVAL 525 S.W 11 AVE #03 Miami florida 33125

ARTICLE V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are: LAZARO SANDOVAL

525 S.W 11 AVE #02, MIAMI, FLORIDA 33130

LAZARO SANDOVAL

Date

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Having been named as registered agent and to accept service of process for the above stated corporation at 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 /REGISTERED AGENT

DATE

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