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10:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : T20000000238
Phone : (305)591-9448

Fax Number : (954)753-3447

FLORIDA PROFIT CORPORATION OR P.A.

ALYS, INC.

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

8/19/2003



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 20, 2003

NATIONS BUS CENTER INC

SUBJECT: ALYS, INC. REF: W03000023617

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03 AUG 20 AM 8: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FAX AUDIT#(((月0 3000 254 4 712 3)))

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the Corporation shall be: ALYS INC.

The principal place of business of this corporation shall be:

10441 NW 328+ HIAM; FC 33147.

ARTICLE II NATURE OF BUSINES

This corporation may engage in any business permitted under the laws of the United State, the State of Florida, or any other State, Country, Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000.

FAX AUDIT#: (((HO300>Z564783)))

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): Pablo Alimenez whom resides at 10441 NW 32 CT HIAMI PL 33144.

ARTICLE VI INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): Pablo A Jimenez whom resides at 10441 NW 32 at MIAMIFL 33147.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this _/? _ day of ______, 2003.

Signature(s) of Incorporator(s)

President/Incorporator

ablo Admenez

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FAX AUDIT#(((HO3000 256 4703))

03 AUG 20 AM 8: 22 SECRETARY OF STATE LALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 nam	e of the corporation:	ALYS	INC
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2. The name and address of the registered agent and office is:

Pablo A Jimènez 10441 NW3ZET HIAMI EZ 33147

SIGNATURE: ___/

TITLE: Incorporator/Registered Agent

Datc: 8, 19/03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

FAX AUDIT#: (((H

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