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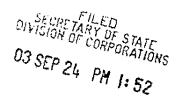
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OFFICE USE ONLY(DOCUMENT#)		·	,
LAZARUS CORPORATE FIL	LING SERVICE	`	
3320 S.W. 87 AVENUE			,
MIAMI, FLORIDA (305)552-5973			
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·	- ·	OFFICE USE ONLY	
CORPORATION NAME(S) & . M. BEST EN	DOCUMENT NUMBER	BER(s) (if known):	و مناسبها المناسبة ا
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2. (Corporation Name)		(Document #)	
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NEW FILINGS	AMENDMI	ENTS	
Rrofit	Amendment		
NonProfit	Resignation of R	A., Officer/Director	
. Limited Liability	Change of Registe	ered Agent	
Domestication	Dissolution/Withdrawal		
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OTHER FILNGS	REGISTRATIO		
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ARTICLES OF INCORPORATION

QF

M. Best Epterprises, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

M Best EnterPRISES, INC.

ARTICLE IL PRINCIPAL OFFICE

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

10100 5W 55 street MiAMI - FL. - 33755

ARTICLE III CAPITAL STOCK

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

50 shares per & 10.00 Each as par value, the amount of Capital is not Lessthan Five hundred dollars.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MIGUEL A. SOPENA 10100 5w 55 5treet Minni, FL. 33155

ARTICLE V INCORPORATOR(S)

The name(s) and street address(e		
tion is(are):	1 1 2 0	10100 5W 55 Strad
Miguel A. Sope.	NA- DIRECTOR -	10100 5W 55 Street MiAMI-FL 33155
		•
	-	
•		
·		
•		
The undersigned has(have) execu	ted these Articles of Incorporati	ion this
	DEPTEMBER, 200	-
day of	<u></u>	
). [[]	DIRECTOR
<u>`</u>	Signature/Title	DIRECTOR
	/ Signatur o/Hab	
-	Signature/Title	
	oignation of the	
	Signature/Title	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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.

		<u>=</u>		·
he name and address of th	e registered ag	ent and office is	•	03
Miguel A	7. 50A	1519	,= ,=	03 SEP 21
	(NAME)			24
10100 520	55	street	, - *	P
(P.O. BO	X NOT ACCEP	TABLE)	~	
MiAmi - F	Z. 33	55	±	1:52
(C	ITY/STATE/ZIP)	•	
		6		, ;
	SIGNA	TURE A	In and	•
	Sidiv		ate officer)	<u> </u>
	TITLE	7 - 7	TOR.	

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.

DATE SEPTEMBER 23, 2003.