DIVISION OF COMPOSITIONS

403000112473 Florida Department of State

03 OCT 10 AM 9: 05

SECRETARY OF STATE TALL AHASSEE FLORIDA

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000294612 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: Il9990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

FLORIDA PROFIT CORPORATION OR P.A.

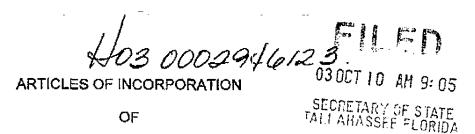
MIB SERVICE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Many,

Comporate Filing

Public Access Halp



MIB SERVICE, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

MIB SERVICE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate

name:

MIB SERVICE, INC.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300 Ho3 0002946123.

403 000 294 6123

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

MARIA ISABEL BARCIA 13825 SW 79 CT MIAMI, FL. 33158

The principal office shall be:

13825 SW 79 CT MIAMI, FL. 33158

H030002946123.

HO3 000 294 6123.

The initial Board of Directors shall consist of a total of **TWO (02)** persons, and the name and address of the persons who are to serve as initial directors are:

MARIA ISABEL BARCIA 13825 SW 79 CT MIAMI, FL. 33158 PRESIDENT

DANIEL R. BARCIA 13825 SW 79 CT MIAMI, FL. 33158 VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

MARIA ISABEL BARCIA 13825 SW 79 CT MIAMI, FL. 33158

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 30 Day of SEPTEMBER 2003.

MARIA ISABEL BARCIA

A03 000 294 6123

Ho3 000 2946123.

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, 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.

1. The Name of the corporation is:

MIB SERVICE, INC.

2. The Name and Address of the registered agent and office is

MARIA ISABEL BARCIA 13825 SW 79 CT MIAMI, FL. 33158 O3 OCT 10 AH 9: 05
SEGRETARY OF STATE
SEGRETARY OF STATE
TALL AHASSEF FLORIDA

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

Dated: 6EPTEMBER 30, 2003.

Hoz 0002946123.