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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : ACCOUNTING AND TAX SOLUTIONS, INC.

Account Number : 120020000160 Phone : (305)644-8838 Fax Number : (305)644-8837

FLORIDA PROFIT CORPORATION OR P.A.

APRIL GROUP, INC

Certificate of Status	1
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APRIL GROUP, INC

ARTICLES OF INCORPORATION

In compliance with chapter 607 and/or chapter 621, F.S. (Profit)

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:

APRIL GROUP, INC.

ARTICLE II- PRINCIPAL OFFICE

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

8035 ABBOTT AVE #1 MIAMI BEACH FLORIDA 33141

ARTICLE III- PURPOSE

The purpose for which the corporation is organized is:
Buy, Sale, Distribution, Exportation, Importation of good and services and any all-lawful business

ARTICLE IV-SHARES

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

100 Shares with a par value of U.S. \$1.00

ARTICLES V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Armando J Garcia 1943 SW 8th Street Miami, Fl 33135

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ARTICLE V I- INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

David Medina Martinez 8035 Avvot Ave #1 Miami Beach Florida 33141

The undersigned Incorporator has executed these Articles of incorporation this first day of

Signature

ARTICLE VII - DIRECTORES (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

David Medina Martinez 8035 Abbot Ave #1 Miami Beach Florida 33141 (100% ownership)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered Agent.

Registered Agent Signature

Date