No.2297

Florida Department of State

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TO:

Division of Corporations

Fax Number r {850}205-0381

From:

Account Name

: SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number : 119990000058 Phone : (954)753-6042

Fax Number

: (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

MB4, INC.

Certificate of Status	1
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be: M B 4, Inc.

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

1510 Cleveland Road Miami Beach, Fl 33141

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 9690 W. Sample Road SUITE 202 CORAL SPRINGS, FL 33065 (954)753-2222 H040000038833

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ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:
Roni Mualem
1510 Cleveland Road
Miami Beach, Fl 33141

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

Rom Muslem
1510 Cleveland Road
Mismi Beach, FL 33141

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The undersigned has executed these Articles of Incorporation. This 7^{th} day of January.

Signature:

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- The name of the corporation is: M B 4, Inc.
- The name and address of the registered agent Roni Muslem
 1510 Cleveland Road
 Miami Beach, Fl 33141

Signature: 1/7/04

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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:_

Date:

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SECRETARY OF STATE
SECRETARY OF STATE