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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
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FLORIDA PROFIT CORPORATION OR P.A.

FULLMOONCARE, INC.

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ARTICLES OF INCORPORATION

FULLMOONCARE, 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 Incorporation.

ARTICLE I NAME

The name of the corporation shall be **FULLMOONCARE, INC**
The principal place of business and mailing address of this corporation shall be:

FULLMOONCARE, INC
2781 SW 32ND CT.
MIAMI, FL 33133

ARTICLE II NATURE OF THE BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States The State of Florida, or any other State, County, Territory or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and it's per value that this corporation is authorized to have outstanding at any one time is:

1,000 shares of Common Stock, each having \$1.00 per value

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) elected, is (are):

NAME	POSITION	ADDRESS
Ricardo Oliden	President	2781 SW 32 ND CT. Miami, Fl 33133

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are):

NAME

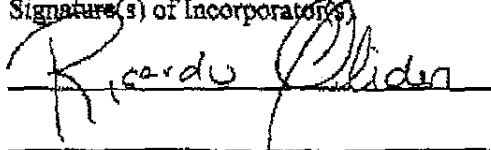
Ricardo Oliden

ADDRESS

2781 SW 32ND CT. Miami, FL 33133

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these articles of Incorporation this 21th day of January, 2004.

Signature(s) of Incorporator(s)



Prepare by: Orlando de Armas, CPA., P. A.
10300 SW Sunset Drive Suite 270
Miami, FL 33173. (305) 273-6137

**CERTIFICATE OF DESIGNATION OF
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.

The name of the corporation is: Company name: FULLMOONCARE, INC
The name and address of the registered agent and office is:

Ricardo Oliden
2781 SW 32ND CT.
Miami, FL 33133

SIGNATURE

Ricardo Oliden
(Corporate Officer)

TITLE

DATE

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 ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Ricardo Oliden
(Registered Agent)

DATE

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