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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Continuous Control Solutions Latin America, Ir.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
CONTINUOUS CONTROL SOLUTIONS LATIN AMERICA, INC.**

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

**ARTICLE I
NAME**

The name of the corporation shall be:

CONTINUOUS CONTROL SOLUTIONS LATIN AMERICA, INC.

**ARTICLE II
PRINCIPAL OFFICE**

The principal place of business of said corporation shall be at:

2699 COLLINS AVE. STE. 111, MIAMI BEACH, FL 33140

with the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE III
CAPITAL STOCK**

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

Five Hundred Shares

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TALLAHASSEE, FLORIDA

Articles of Incorporation

**ARTICLE IV
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Maria Taboada
2699 Collins Ave. #111
Miami Beach, Fl 33140

**ARTICLE V
INCORPORATORS**

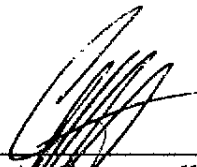
The names and street addresses of the incorporators to these
Articles of Incorporation are:

NAME	ADDRESS
Bruno A. Campetella - President, Treasurer & Secretary	2699 Collins Ave. Ste 111 Miami Beach, Fl 33140

Articles of Incorporation

IN WITNESS WHEREOF, WE, the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set our hands and seals, this the 29th day of March, 2004

WITNESSES



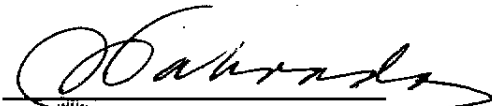
Bruno A. Campetella - President
Treasurer & Secretary

STATE OF FLORIDA)

) SS:

COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared the above signatorie, who is known to me to be the person described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signer respectively and the facts and matters therein set forth are true and correct.

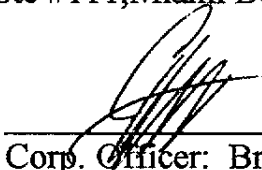


Juan Taborda
MY COMMISSION # DD029185 EXPIRES
September 29, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE DESIGNATING RESIDENT AGENT

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.

1. The name of the corporation is:
CONTINUOUS CONTROL SOLUTIONS LATIN AMERICA, INC.
2. The name and address of the registered agent and office is:
Maria Taboada, 2699 Collins Ave. Ste #111, Miami Beach, FL 33140


Corp. Officer: Bruno A. Campetella
Date: March 29th, 2004

Having been named 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 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.


Maria Taboada

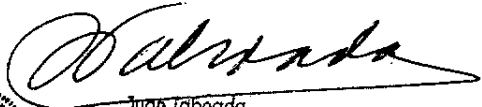
STATE OF FLORIDA)

) SS:

COUNTY OF DADE)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County above named to take acknowledgment personally appeared Maria Taboada to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent. **IN WITNESS WHEREOF**, I set my hand and official seal in the County and State named above, this day the 29th day of March, 2004




Maria Taboada
MY COMMISSION # DD029185 EXPIRES
September 29, 2005
BONDED THRU TROY FARM INSURANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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