POYOGO State Division of Corporations

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 04 MAY -3 PH 12:107
SECRETARY OF STATE
TALL ANASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

a,j,j, consulting, inc.

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(3)

ARTICLES OF INCORPORATION

A.J.J. CONSULTING, 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:

A.J.J. CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

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

1406 ALGARDI AVENUE CORAL GABLES, FL 33146 ARTICLE III CAPITAL STOCK

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

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

ALBERT JIMENEZ 1406 ALGARDI AVENUE CORAL GABLES, FL 33146

ARTICLE V INCORPORATOR (S)

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

ALBERT JIMENEZ 1406 ALGARDI AVENUE CORAL GABLES, FL 33146

The undersigned has (have) executed those Articles of Incorporation this 27TH Sty of MPRIL, 2004.

DATE

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CERTIFICATE OF DESIGNATION 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.

- 1. The name of the corporation is:
 A.J.J. CONSULTING, INC.
- 2. The name and address of the registered agent and office is:

	THE P
ALBERT JIMENEZ,	
1406 ALGARDI AVENUE	題夷四
CORAL SPRINGS, FL 33146	器 1 厂
	PA 12: 07 PA 12: 07 PE, FLORID
SICHATURE	
(Norporate officer)	0
TITLE PESSIDENT	
DATE 4-27-04	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT FERVICE OF PROCESS FOR THE ABOVE NAMED CORNINATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HURBEY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVIBIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTTES, AND I RM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 4-29-04

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