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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

SECRETARY OF STATE TALLAHASSEE, FLORIDA OL SEP 30 PM 2: 43

FLORIDA PROFIT CORPORATION OR P.A.

CASALVA CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

Casalva Corp.

The Undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

Casalya Corp.

ARTICLE II PRINCIPAL OFFICE

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

5700 SW 131 Ct Miami, Florida 33183

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time and the Distribution is as follow:

200 SHARES

1.00 Each

Luis Mones

100 SHARES

Elvis Salvador

100 SHARES

SECRETARY OF STATE
TALLAHASSEE, FICKID

ARTICLE IV INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation is as follow:

Luis Mones 5700 SW 131 Ct Miami, Fl 33183

The undersigned have executed these Articles of Incorporation this

30 Days of September 2004

PRESIDENTINCORPORATOR

Luis Mones

Elvis Salvador

ARTICLE V BUSINESS ACTIVITY

The Company will participate in all legally Business Activity.

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, 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:

Casalva Corp.

The Name and Address of the registered agent and office is:

Luis Mones 5700 SW 131 Ct Miami, Florida 33183

Signature

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCEDURE FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREED TO ACT IN THIS CAPACITY. TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERD AGENT.