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To:

Division of Corporations

Fax Number : (850)205-0381

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

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

: (305)716-0346

### FLORIDA PROFIT CORPORATION OR P.A.

#### INNOVATION FORM, INC

Certificate of Status	0
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Corporate Filing

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## ARTICLES OF INCORPORATION

OF

INNOVATION FORM, INC

The undersigned incorporator (s), for the purpose of forming a Corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

#### Article 1 Name

The name of the corporation shall be: INNOVATION FORM, INC

The principal place of business of this corporation shall be:
1660 NE 191 STREET BLOG A-1 SUITE 204 NORTH MIAMI, FL 33179

#### Article II Nature of Business

This corporation may engage in or transact any or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### Article III Capital Stock

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND SHARES OF COMMON STOCK PAR VALUE \$1.00

#### 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 forst year of the corporation's existence or until their successor (s) is (are) elected, is (are):

Prepared by: Fabian A. Tellez Silvia R. Duran Edgar M. Parra Tax Professional 1660 NE 191 Street 1660 NW 191 Street 1800 W. 49 St. N. Miami, FL 33179 N. Miami, FL 3317' Suite 321

Hialeah, FL 33012
305 824-0144

#### ARTICLE VI INCORPORATOR (S)

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

F&BIAN A TELLEZ 1660 NE 191 Street BLDG A-1 Suite 204 Miami, FL 33179 SILVIA R. DURAN 1650 NE 191 Street BLDG A-1 Suite 204 Miami, FL 33179

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this 5th Day of November , 200 4

Signature (s) of Incorporator (s)

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the registered office/registered agent, in the State of Florida.

Į.	The name of	the cor	poration:
	INNOVATION	FORM,	INC.

2.	The nam	ıe	and addi	ress of	the	regi	stered	agent	and	office is	3:
	FABIAN	Á	TELLEZ	1660	ΝE	191	Št.,	BLDG	A-1	Suite	204

MIAMI, FL 33179

City/State/ZIP

Signature

Title DIRECTOR-PRESIDENT

Date NOVEMBER 5, 2004

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statues.

Date NOVEMBER 5, 200 NOVEMBER

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