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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 AND AHASSEE, FLORID.

#### FLORIDA PROFIT CORPORATION OR P.A.

#### BOZA CONSULTING INC.

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## ARTICLES OF INCORPORATION OF

BOZA CONSULTING INC.

FILE-D 04 NOV 12 M 9: 44 SECRETARY STELLE-D

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 L NAME**

The name of the corporation shall be:
BOZA CONSULTING INC.

The principal place of business of this corporation shall be:

4675 West 18 CT Apto 1129, Hialeah, Fl. 33012

#### ARTICLE II NATURE OF 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, 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: 100 shares @ 1.00 Par 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):

Alberto Boza - President , 4675 W 18 Ct, Apt 1129, Hialeah, Fl 33012

#### ARTICLE VI INCORPORATORIS)

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

Alberto Boza 4675 W 18 Ct Apt 1129 Hieleah, Fl 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 12th day of November, 2004

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 designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:  Boza Consulting Inc.	NOV.12 M
2. The name and address of the registered agen office is:	1 0 0 1 0 0 1 1 0 0 1
Alberto Boza 4675 W 18 Ct Apt 1129	•
(P.O. BOX NOT ACCEPTABLE) Hisleah, Fl 33012	
(CITY/STATE/ZIP)	
SIGNATURE And SIGNATURE TITLE President  DATE 11/12/04	

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 STATUTES.

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	٠	DATE	<i>O</i> 11/12/04	