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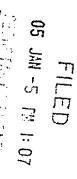
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LAZARUS CORPORATE FILIN	G SERVICE			
3320 S.W. 87 AVENUE				
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CORPORATION NAME(S) & DO	CUMENT NUMI	BER(S) (if known):		
1 DEF CORPOR	ation/			
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NEW FILINGS	AMENDMI	ents		
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/Director			•
. Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger		1	
OTHER FILINGS	REGISTRATIO QUALIFICATIO			
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ARTICLES OF INCORPORATION

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 J - NAME

The name of the corporation shall be:

DFF: Corporation.

ARTICLE II - PRINCIPAL OFFICE

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

2234 Westminster trail Oviedo, FL. 32765

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TRINA MONCADA 2234 Westminster trail Oviedo, FL 32765

S W-5 PH TO

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

TRINA MONCADA

2234 Westminster trail Oviedo, FL

The undersigned incorporator has executed these Articles of 32765

Incorporation this ____ day of _____ 20___

Thurallowada

ARTICLE VI- DIRECTOR(S)

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

TRINA MONCADA (VICE PRESIDENT)

2234 Westminster trail

Oviedo, FL. 32765

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature