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LAZARUS CORPORATE FILIN	<u>G SERVICE</u>	
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CORPORATION NAME(S) & DO	CUMENT NUMBER(S) (if known):	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
. Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
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OTHER FILNGS	REGISTRATION/	
Annual Report	OUALIFICATION	
Fictitious Name	Foreign	
	Limited Partnership	

Reinstatement

Trademark

Other

Name Reservation

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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 I - NAME

The name of the corporation shall be:

Blue Point Services ZNC.

ARTICLE II - PRINCIPAL OFFICE

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

300 SW 51 COURT Miami, FL 33134

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:

Mynor D. Barillas 300 SW 51 Court Miami, FC 33134

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: MYNOR D. Barillas 300 SW 51 COURT MIAMI, FL 33134

The undersigned incorporator has executed these Articles of Incorporation this 2 day of <u>MBRCh</u> 2005

Signature

MAR -9

ARTICLE VI- DIRECTOR(S)

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

President Mynor-D Barillas _== 300 SW SICANT Migmi, FC 33134

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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.

MONG enos

Registered Agent Signature