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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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FLORIDA PROFIT CORPORATION OR P.A.

mlo enterprise, inc.

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ARTICLES OF INCORPORATION  
OF

MLO Enterprise, Inc.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

MLO Enterprise, Inc..

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

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

3045 SW 5 Street  
Miami, FL 33135

ARTICLE IV PURPOSE

The purpose of this corporation shall be:  
Business

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares having an individual par value of \$ 1.00

ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Miriam Lopez  
3045 S.W. 5 Street  
Miami, FL 33135

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

1155mm7108071

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Miriam Lopez  
1045 S.W. 5 Street  
Miami, FL 33135

**ARTICLE VIII INCORPORATOR(S)**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Miriam Lopez  
3045 S.W. 5 Street  
Miami, FL 33135

The undersigned has executed these Articles of Incorporation this 17 day  
of march, 2005

*Miriam Lopez*  
INCORPORATOR

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

MLO Enterwise, Inc.  
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE  
OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF  
MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF  
MY POSITION AS REGISTERED AGENT.

*Miriam Lopez*  
REGISTERED AGENT

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