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

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ALEMAN CORPORATION

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 6, 2005

FAS-T CORP. AGENTS, INC.

SUBJECT: ALEMAN CORPORATION

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Dorine Martin Document Specialist New Filings Section FAX Aud. #: H05000138916 Letter Number: 105A00039626

ARTICLE OF INCORPORATION

<u>op</u>

ALEMAN SERVICES CORP.

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 I NAME

The name of the corporation shall be: ALUMAN SERVICES CORP.

The principal place of business of this corporation shall be: 1056 OPA LOCKA BOULEVARD OPA LOCKA, FL. 33054

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 State, 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 par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

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) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

RAUL F. ALEMAN 1056 OPA LOCKA BLVD. OPA LOCKA, FL. 33054 DIRECTOR

ARTICLE YI INCORPORATOR (S)

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

RAUL F. ALEMAN 1056 OPA LOCKA BLVD. OPA LOCKA, FL. 33054 PRESIDENT, SECRETARY & TREASURER 100 shares

The undersigned has(have) executed these Article of Incorporation this Third day of June ______, 20_05 __.

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is:	-	.
2. The name	and address of the registered agent and office RAUL F. ALEMAN (Name)	NOF JUN	SCORE!
	1056 OPA LOCKA BOULEVARD	-6 -≥	FILED F CORPO
	(P. O. BOX NOT ACCEPTABLE) OPA LOCKA, FL. 33054 (CITY/STATE/ZIP)	9: 55	OF STATE RPORATIONS

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF FROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

DATE 6-3-05