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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

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FLORIDA PROFIT CORPORATION OR P.A.
MDM SPECIAL EVENTS INC., A FLORIDA CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
MDM SPECIAL EVENTS INC., a Florida Corporation

THE UNDERSIGNED SUBSCRIBER, to this Articles of Incorporation pursuant to F.S. § 617, adopts the following Articles of Incorporation:

ARTICLE I

The name of this corporation shall be: MDM SPECIAL EVENTS INC. A Florida Corporation

ARTICLE II

The address of the principal office and the mailing address of the Corporation is:

12900 NW 8th Street
Miami, FL 33182

ARTICLE III

The purpose of this Corporation is to engage in the business of food distribution or any other business purpose that is lawful under the laws of the State of Florida.

ARTICLE IV

The directors of this Corporation shall be elected annually as directed by the by-laws.

ARTICLE V

The street address of the Corporation and initial registered office and the initial registered agent is as follows:

MARLON GUIDO
12900 NW 8th Street
Miami, FL 33182

ARTICLE VI

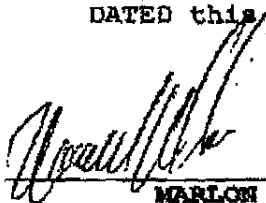
The name and address of the incorporator of this Corporation is:

MARLON GUIDO
12900 NW 8th Street
Miami, FL 33182

ARTICLE VII

This Corporation reserves the right to amend, alter, change or repeal any and all of the provisions contained in these Article of Incorporation in any manner now or hereafter provided by statutes.

DATED this _____ day of September 16, 2005.



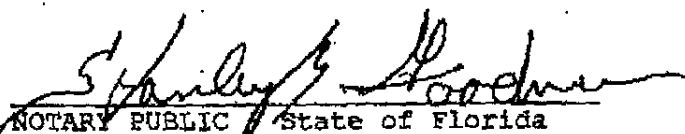
MARLON GUIDO.

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

SWORN TO AND SUBSCRIBED before me on this September 19, 2005 by **MARLON GUIDO**, who executed the foregoing Articles of Incorporation, and who acknowledged that he executed same for the purposes expressed therein, and an oath was taken.

☐ Is personally known to me;
☒ provided Florida Driver's License;
☐ provided _____ as identification.

My commission expires on:



NOTARY PUBLIC State of Florida

Print name



STANLEY E. GOODMAN
MY COMMISSION # DD 88488
EXPIRES: January 20, 2008
Bonded Thru Budget Notary Services

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607-0501 or 0'17.0501, 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: MDM SPECIAL EVENTS INC. A Florida Corporation

2. The name and address of the registered agent and office is:

MARLON GUIDO.

(Name)

12900 NW 8th Street

(P.O. Box Not Acceptable)

Miami, FL 33182

(City/State/Zip)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 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.

Signature 

MARLON GUIDO

Date September 16, 2005

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