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☐ PICK-UP ☐ WAIT ☐ MAIL

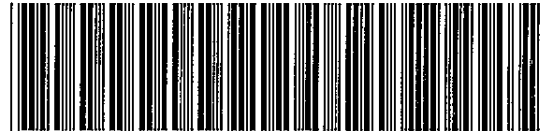
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**MIAMI, FL 33165 (305) 552-5973**

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. DISASTER RECOVERY TEAM, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

2.00

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

**Examiner's Initials**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

OF

Disaster Recovery Team, Inc.

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:

Disaster Recovery Team, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

22050 S.W. 127 Avenue  
Miami, Florida 33170

### ARTICLE III SHARES

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

1000 AT NO PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial registered agent is :

Maria P. Galindo  
22050 S.W. 127 Avenue  
Miami, Florida 33170

**ARTICLE V INCORPORATOR(S)**

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

Maria P. Galindo  
22050 S.W. 127 Avenue  
Miami, Florida 33170

**ARTICLE VI OFFICERS**

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

**PRESIDENT**

Maria P. Galindo  
22050 S.W. 127 Avenue  
Miami, Florida 33170


**VICE-PRESIDENT**

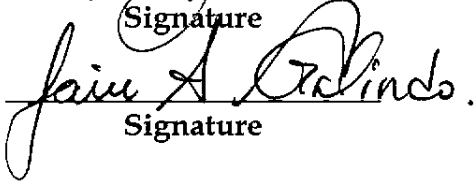
Jaime Alejandro Galindo  
22050 S.W. 127 Avenue  
Miami, Florida 33170

**SECRETARY**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation

this 20 Day of October 2005

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 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:


**Disaster Recovery Team, Inc.**  
22050 S.W. 127 Avenue  
Miami, Florida 33170

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

Jaime Alejandro Galindo  
22050 S.W. 127 Avenue  
Miami, Florida 33170

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*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

JAIME A. GALINDO  
22050 SW 127 AVE  
MIAMI, FL 33170