

Florida Department of State

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From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number: 104512000707 Phone

: (305)266-4080

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FLORIDA PROFIT CORPORATION OR P.A.

ESQUIVEL & ASSOCIATES, CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ESQUIVEL & ASSOCIATES, CORP.

ARTICLE II PRINCIPAL OFFICE

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

629 NW 7 AVE HOMESTEAD, FL. 33030

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated BCOMMON SHARES.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA CECILIA ARZATE 629 NW 7 AVE HOMESTEAD, FL. 33030

Prepared by: MARIA CECILIA ARZATE

629 NW 7 AVE.

HOMESTEAD, FL. 33030

786 2321796

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ARTICLE V INCORPORATOR(S)

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

MARIA CECILIA ARZATE 629 NW 7 AVE HOMESTEAD, FL. 33030 DIRECTOR & PRESIDENT

The und	lersigned inco	rporator(s) has(have) executed these Articles of Incorporation this
17_	day of	NOVEMBER 2005
		m. Calin Con cate. Signature
		Signature
		Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: ESQUIVEL & ASSOCIATES, CORP.
- 2. The name and address of the registered agent and office is:

MARIA CECILIA ARZATE 629 NW 7 AVE HOMESTEAD, FL. 33030

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.

(DATE) 11-17-05

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