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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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DIVISION OF STATE
CORPORATIONS, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

CAFE MONQUITO, INC.

| | |
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ARTICLES OF INCORPORATION 05 DEC 14 PM 12:55
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAFÉ MONQUITTO, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s)
Competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: **CAFÉ MONQUITTO, INC.**

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under
the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five Dollar (s)
(\$ 5.00) par value common stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

| | | | | | |
|---------|--------------------|-------|----|-----|-------|
| NAME | RAMON MEDEROS | | | | |
| ADDRESS | 8903 NW 145 STREET | | | | |
| CITY | MIAMI LAKES | STATE | FL | ZIP | 33018 |

The principal office, if known or the mailing address of the corporation is:

| | | | | | |
|---------|--------------------|-------|----|-----|-------|
| NAME | RAMON MEDEROS | | | | |
| ADDRESS | 8903 NW 145 STREET | | | | |
| CITY | MIAMI LAKES | STATE | FL | ZIP | 33018 |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) director initially. The number of directors may be
~~either increased or diminished from time to time by laws, but shall never be less than one (1).~~

| | | | | | |
|---------|---------------------|--|--|--|--|
| NAME | RAMON MEDEROS | | | | |
| ADDRESS | 1185 WEST 35 STREET | | | | |

| | | | | | |
|---------|---------------------|-------|---------|-----|-------|
| CITY | HIALEAH | STATE | FLORIDA | ZIP | 33012 |
| NAME | IRDELISA MEDEROS | | | | |
| ADDRESS | 1185 WEST 35 STREET | | | | |
| CITY | HIALEAH | STATE | FLORIDA | ZIP | 33012 |
| NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | | | | |
| NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | | | | |
| NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | | | | |

ARTICLE VII - INCORPORATORS



The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | | | | |
|---------|---------------------|-------|---------|-----|-------|
| NAME | RAMON MEDEROS | | | | |
| ADDRESS | 1185 WEST 35 STREET | | | | |
| CITY | HIALEAH | STATE | FLORIDA | ZIP | 33012 |
| NAME | IRDELISA MEDEROS | | | | |
| ADDRESS | 1185 WEST 35 STREET | | | | |
| CITY | HIALEAH | STATE | FLORIDA | ZIP | 33012 |
| NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | | | | |
| NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | | | | |
| NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | | | | |

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 13TH day of December, 2005.

PREPARED: SOSA ACCOUNTING TAX SERVICE
570 EAST 49 STREET
HIALEAH, FL 33013

(305) 688-1716
(305) 688-1714

 (Seal)
 (Seal)
____ (Seal)
____ (Seal)
____ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

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CERTIFICATE OF REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

CAFÉ MONQUITO, INC.
(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, to organize under the laws of the State of Florida with its
registered office as indicated in the Articles of Incorporation.

AT: 8903 NW 145 STREET

MIAMI LAKES, FL 33018

Has named RAMON MEDEROS

Located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above state
corporation at the place designated in this certificate, and being familiar with the
obligations of that position, I hereby accept to act in this capacity, and agree to comply
with provisions of Florida Law in keeping open said office.


(registered agent)