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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

FLORIDA PROFIT CORPORATION OR P.A.

LIDILUZ, CORP.

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DIVISION OF STATE
CORPORATIONS
FLORIDA

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ARTICLES OF INCORPORATION
OF
LIDILUZ, CORP.

05 DEC 27 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

THE NAME OF THE CORPORATION IS:

LIDILUZ, CORP.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUE IS 100 SHARES AT \$10.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$1,000.00.

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION, IN THIS STATE SHALL BE:

9195 COLLINS AVENUE #612
SURFSIDE, FL. 33154

ARTICLE VII

THE NAME (S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

LIDIA R. BONELLI
9195 COLLINS AVENUE #612
SURFSIDE, FL. 33154

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF FOUR DIRECTORS WHOSE NAMES AND ADDRESSES ARE AS FOLLOWS:

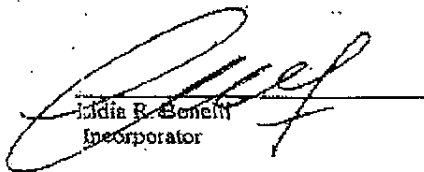
LIDIA R. BONELLI - PRESIDENT
9195 COLLINS AVENUE #612
SURFSIDE, FL. 33154

ARTICLE IX

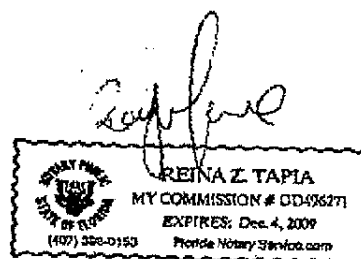
THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

LIDIA R. BONELLI
9195 COLLINS AVENUE #612
SURFSIDE, FL. 33154

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 20TH DAY OF DECEMBER, 2005.


Lidia R. Bonelli
Incorporator

12-20-05
Date



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LIDIA R. BONELLI

9195 COLLINS AVE. #612

SURFSIDE, FL. 33154

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

LIDIA R. BONELLI

DATE: 12/20/05

