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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**mava full service, inc.**

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**Articles of Incorporation**

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**Article 1:** Name and Address of Corporation:

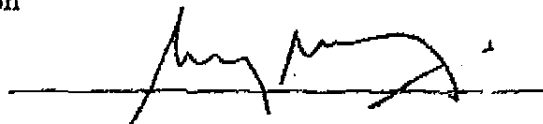
**MAVA FULL SERVICE, INC.  
8206 SEVERN DR "C"  
BOCA RATON, FL 33433**

**Article 2:** Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is 100, with no par value.

**Article 3:** Registered Agent Name and Office:

**ARNALDO CAMPILONGO  
8206 SEVERN DR "C"  
BOCA RATON, FL 33433**

**\*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation**



Signature of Registered Agent

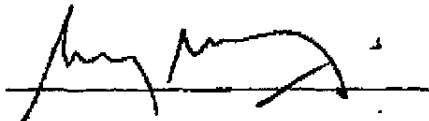
**Article 4:** The Board of Directors is: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer.

**ALEJANDRA CAMPILONGO, 8206 SEVERN DR "C", BOCA RATON, FL 33433  
ARNALDO CAMPILONGO, 8206 SEVERN DR "C", BOCA RATON, FL 33433  
MARIANO CAMPILONGO, 8206 SEVERN DR "C", BOCA RATON, FL 33433**

**Article 5:** Incorporator Name and Address:

**ARNALDO CAMPILONGO  
8206 SEVERN DR "C"  
BOCA RATON, FL 33433**

**In witness whereof, I have subscribed my name:**



Signature of Incorporator

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