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

**From:**  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Moorish Integrated Financial Services Inc.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be :

MOORISH INTEGRATED FINANCIAL SERVICES INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is :

10125 WEST OAKLAND PARK BLVD #373  
SUNRISE, FLORIDA 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

**DIRECTOR & PRESIDENT:**

LENNOX CAMPBELL

10125 WEST OAKLAND PARK BLVD  
SUNRISE, FLORIDA 33351

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

LENNOX CAMPBELL  
10125 WEST OAKLAND PARK BLVD  
SUNRISE, FLORIDA 33351



**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

LENNOX CAMPBELL  
10125 WEST OAKLAND PARK BLVD  
SUNRISE, FLORIDA 33351

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

 _____ LENNOX CAMPBELL / REGISTERED AGENT	4/13/06 _____ DATE
 _____ LENNOX CAMPBELL / INCORPORATOR	4/13/06 _____ DATE

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