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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 : XIOMARA LEE, P.A.  
Account Number : T20040000008  
Phone : (305)262-2323  
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FLORIDA PROFIT/NON PROFIT CORPORATION

B.A. SON CORPORATION

Certificate of Status	1
Certified Copy	1
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06 MAY 11 AM 10:10  
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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**

The name of the corporation shall be:  
B.A. SON CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
18800 NW 2ND AVE SUITE 115AB  
MIAMI GARDENS, FL 33169

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
DENIS OTERO (PRESIDENT/DIRECTOR)  
18800 NW 2ND AVE SUITE 115AB  
MIAMI GARDENS, FL 33169

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
DENIS OTERO  
18800 NW 2ND AVE SUITE 115AB  
MIAMI GARDENS, FL 33169


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
DENIS OTERO  
18800 NW 2ND AVE SUITE 115AB  
MIAMI GARDENS, FL 33169

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated 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*

x   
\_\_\_\_\_  
Signature/Registered Agent

05/11/2006  
\_\_\_\_\_  
Date

x   
\_\_\_\_\_  
Signature/Incorporator

05/11/2006  
\_\_\_\_\_  
Date

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