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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 : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

## FLORIDA PROFIT/NON PROFIT CORPORATION

## C M REPRESENTACIONES, INC

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J. Chivers MAY 19 2006

## ARTICLES OF INCORPORATION

OF

### C M Representaciones, Inc

The Undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the Corporation shall be:

**C M Representaciones, Inc**

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

100 North Biscayne Blvd suite 1102  
Miami, Fl 33132

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time and the Distribution is as follow:

300 SHARES	1.00 Each
Mireille Chonchol Yamini	300 SHARES

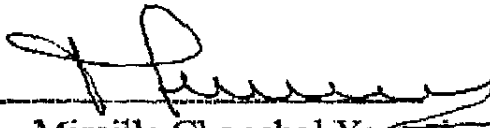
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#### ARTICLE IV INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation is as follow:

Mireille Chonchol Yamini  
100 North Biscayne Blvd suite 1102  
Miami Fl 33132

The undersigned have executed these Articles of Incorporation this  
17 Days of May 2006

  
Mireille Chonchol Yamini

President/Incorporator

#### ARTICLE V BUSINESS ACTIVITY

The Company will participate in all legally Business Activity.

## **CERTIFICATE OF DESIGNATION**

### **REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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:

**CM Representaciones, inc**

The Name and Address of the registered agent and office is:

Mireille Chonchol Yamini  
100 North Biscayne Blvd suite 1102  
Miami Fl 33132

Signature



STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**FILED**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCEDURE FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREED TO ACT IN THIS CAPACITY. TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERD AGENT.**