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*Basic*

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

VIDA ACTIVA INC.

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ARTICLE OF INCORPORATION

OF

VIDA ACTIVA INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: VIDA ACTIVA INC.

The principal place of business of this corporation shall be:

20 174 Street Suite 609, Sunny Isles, Fl 33160

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):


GRACIELA A. QUIROZ 210 174 th. ST. Suite 609 Sunny Isles, FL. 33160	DIRECTOR / President
FERNANDO QUIROZ 210 174 th. ST. Suite 609 Sunny Isles, FL. 33160	DIRECTOR / SEC/Tres.

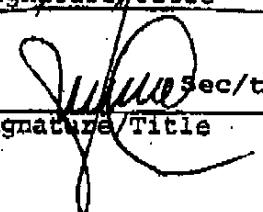
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

GRACIELA A. QUIROZ 210 174 th. ST. Suite 609 Sunny Isles, FL. 33160	PRESIDENT ( 50 shares ) 50% Shares
FERNANDO QUIROZ 210 174 th. ST. Suite 609 Sunny Isles, FL. 33160	SECRETARY & TREASURER ( 50 shares ) 50% Shares

The undersigned has (have) executed these Article of Incorporation this 22 th. day of June, 2006.

 pres.  
\_\_\_\_\_  
Signature/Title

 Sec/tres.  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**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: \_\_\_\_\_  
VIDA ACTIVA INC.

2. The name and address of the registered agent and office is \_\_\_\_\_  
GRACIELA A. QUIROZ (Name)  
210 174 th. ST. Suite 609  
(P. O. BOX NOT ACCEPTABLE)  
Sunny Isles, Fl. 33160  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THEM 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 6-22-06

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