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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

### PATRICIA PROFESSIONAL INVESTMENT, INC

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9/26/2006

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# ARTICLES OF INCORPORATION

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OF

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

### Patricia Professional Investment, 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:

### Patricia Professional Investment, Inc

#### ARTICLE II PRINCIPAL OFFICE

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

10345 SW 35 Streets Miami, Fl 33165

# 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:

200 SHARES

1.00 Each

Paola P. Silva

200 Shares

#### ARTICLE IV INCORPORATORS

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

Paola P Silva 10345 SW 35St Miami, Fl 33165

The undersigned have executed these Articles of Incorporation this 25 Days of September 2006

Paola P. Silva

President

# 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 Statues, 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:

### Patricia Professional Investment, Inc

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

Paola P Silva 10345 SW 35St Miami, Fl 33165

Signature 2006 8%.

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.