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To:
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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

EAGLE VISION FINANCIAL GROUP CORP.

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:

EAGLE VISION FINANCIAL GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18571 NW 19 ST PEMBROKE PINES FLORIDA 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INVESTMENTS

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000.00 (ONE MILLION SHARES)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

NORA FERNANDEZ 14982 SW 71 ST PEMBROKE PINES FLORIDA 33029
PRESIDENT/TREASURE/DIRECTOR

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

NORA FERNANDEZ 14982 SW 71 ST PEMBROKE PINES FLORIDA 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NORA FERNANDEZ 14982 SW 71 ST PEMBROKE PINES FLORIDA 33029

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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

Nora Fernandez
Signature/Registered Agent

10/16/2006
Date

Nora Fernandez
Signature/Incorporator

10/16/2006
Date