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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 : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

FLORIDA PROFIT/NON PROFIT CORPORATION

MOJUBAH INC.

Certificate of Status	1
Certified Copy	0
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NOV. 15. 2006 10:37AM

CAPITAL CONNECTION

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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:

MOJUBAH INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5850 LAKEHURST DR. STE.240-4  
ORLANDO FL 32819

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE BUSINESS SERVICES

**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):

NARA H. MATTOS - DIRECTOR, PRESIDENT, SECRETARY, and TREASURER  
5850 LAKEHURST DR. STE. 240-4  
ORLANDO

**ARTICLE VI REGISTERED AGENT**

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

NARA H. MATTOS  
5850 LAKEHURST DR., STE. 240-4  
ORLANDO FL 32819

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

RUBEN D. TORO  
7901 KINGSPONTE PKWY STE. 31  
ORLANDO FL 32819

\*\*\*\*\*

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 not in this capacity

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

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

NO. 3290 FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/15/06  
\_\_\_\_\_  
Date

11/15/06  
\_\_\_\_\_  
Date

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