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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

dimension profesional services inc.

Certificate of Status	0
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B. McKnight NOV 29 2006



November 28, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: DIMESION PROFESIONAL SERVICES INC.
REF: W06000051446

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please list the total number of shares not the percentage..

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

FAX Aud. #: H06000282105
Letter Number: 506A00068377

P.O BOX 6327 - Tallahassee, Florida 32314

H06000282105

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:

Dimension Professional Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4790 NW 7th # 209
Miami, Florida 33126**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional 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):

OSMANY GONZALEZ CRUZ
4790 NW 7th #209
Miami Fla 33126**ARTICLE VI REGISTERED AGENT**

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

OSMANY GONZALEZ CRUZ
4790 NW 7th #209
Miami Florida 33126**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

OSMANY GONZALEZ CRUZ
4790 NW 7th #209
Miami Fla 33126

 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

OSMANY
 Signature/Registered Agent

11/27/06
 Date

OSMANY
 Signature/Incorporator

11/27/06
 Date

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