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Aura R. Salazar
3 South Pine Island Rd
Plantation FL 33324

(City/State/Zip/Phone #)



PICK-UP



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MAIL

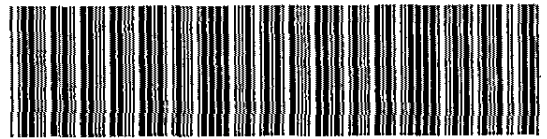
(Business Entity Name)

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RECEIVED STATE
TALLAHASSEE, FLORIDA

January 29, 2007


Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Enclosed please find Articles of Incorporations and the Designation and Acceptance of Registered Agent for filing, together with our check in the amount of \$ 78.75 to cover the filing fee, certified copy charge, designation of registered agent, and charter tax.

I have also enclosed an additional copy of the Articles of Incorporation which I would appreciate having certified and returned to the corporation address.

Sincerely,



AURA R. SALAZAR

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

Article I

The name of the corporation is: Sky Crew, Inc.

Article II

The period of its duration is: indefinitely

Article III

The purpose of the corporation is: Imports and exports of small electronic items, accessories and supplies.

Article IV

The aggregate number of authorized shares is: 500 shares par-value \$1.00.

Article V

The corporation will not commence business until at least five hundred dollars have been received by it as consideration for the issuance of shares.

Article VI

Cumulative voting of shares of stock are not authorized.

Article VII

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are under approval by the Board of Directors of this corporation.

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Article VIII

Provisions for regulating the internal affairs of the corporation are: The managing partner of the corporation will be responsible for all day-to-day operations.

Article IX

The address of the initial registered office of the corporation is: 3 South Pine Island Road, Plantation FL 33324 and the name of its initial registered agent at such address is Aura R. Salazar

Article X

The address of the principal place of business is: 3 South Pine Island Road, Plantation FL 33324.

Article XI

The number of directors constituting the initial board of directors of the corporation is two, and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

Name

Address

Aura R. Salazar

3 South Pine Island Road, Plantation
FL 33324.

Domingo Lozano

3 South Pine Island Road, Plantation
FL 33324.

Article XII

The name and address of each incorporator is:

Name

Address

Aura R. Salazar

3 South Pine Island Road, Plantation
FL 33324.

Domingo Lozano

3 South Pine Island Road, Plantation
Fl 33324.

Date: January 29, 2007

...///

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 29th day of January, 2007.

Incorporator,




AURA R. SALAZAR

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was executed and acknowledged before me this 29th day of January, 2007 by AURA R. SALAZAR.





NOTARY PUBLIC

[Print, type or stamp commissioned name of notary]

 / Personally known
Produced identification
Type of identification produced FL DL

**DESIGNATION OF AND ACCEPTANCE
BY REGISTERED AGENT**

The following is submitted in compliance with the laws of the State of FLORIDA. SKY CREW, INC., a corporation organized under the laws of the State of FLORIDA, with its principal office located at 3 South Pine Island Road Apt 119, Plantation FL 33324, has named Aura R. Salazar, whose address is 3 South Pine Island Road Apt 119, Plantation FL 33324, as its Agent to accept service of process within this State.

ACCEPTANCE:

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any of other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.

Registered Agent




AURA R. SALAZAR

**STATE OF FLORIDA
COUNTY OF BROWARD**

BEFORE ME, the undersigned authority, this day personally appeared **AURA R. SALAZAR** who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that he has executed the same for the purposes expressed herein.

WITNESS my hand and official seal this 29th day of January, 2007.





NOTARY PUBLIC

[Print, type or stamp commissioned name of notary]

✓ Personally known
Produced identification
Type of identification produced FL DL