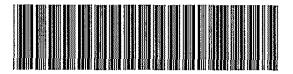
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SECRETARY OF STATE

COVER LETTER

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

SUBJECT: HANDIS CORP		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
	ADDITIONAL CO	Status OPY REQUIRED
FROM: LUIS RESTREPO		
Name	(Printed or typed)	
14324 SW 97 TERRA		
	Address	
MIAMI FL 33186		
City	, State & Zip	
786-2730255		
Daytime 1	elephone number	

NOTE: Please provide the original and one copy of the articles.

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:

HANDIS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14324 SW 97 TERRA MIAMI FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSTALLATION CIRCUIT CLOSED TV

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):

LUIS RESTREPO -PRESIDENT 14324 SW 97 TERRA MIAMI FL 33186 **HUGO CORTES - VICE PRESIDENT** 14324 SW 97 TERRA MIAMI FL 33186

ARTICLE VI REGISTERED AGENT

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

HUGO CORTES

14324 SW 97 TERRA MIAMI FL 33186

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

HUGO CORTES

14324 SW 97 TERRA MIAMI FL 33186

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 familify fith and accept the appointment as registered agent and agree to act in this capacity

Incorporat

2/23/2007 Date 2/23/2007