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03/28/07--01012--008 **236.25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RECEIVED
07 MAR 28 AM 10:45
BUREAU OF CORPORATIONS
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
07 MAR 28 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/29
AH

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CAPITAL INVESTORS OF AMERICA, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- Walk in, Pick up time, Certified Copy, Mail out, Will wait, Photocopy, Certificate of Status

Table with 2 columns: Selection, Filing Type (Profit, NonProfit, Limited Liability, Domestication, Other)

Table with 2 columns: Selection, Amendment Type (Amendment, Resignation of R.A., Officer/ Director, Change of Registered Agent, Dissolution/Withdrawal, Merger)

Table with 2 columns: Selection, Other Filings (Annual Report, Fictitious Name, Name Reservation)

Table with 2 columns: Selection, Registration/Qualification (Foreign, Limited Partnership, Reinstatement, Trademark, Other)

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
07 MAR 28 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CAPITAL INVESTORS OF AMERICA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8301 NW 144 STREET
MIAMI LAKES, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PEDRO P. FIALLO (P/T/D)
CESAR ALVAREZ MUÑOZ (V/S/D)
8301 NW 144 STREET
MIAMI LAKES, FL 33016

ARTICLE VI REGISTERED AGENT

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

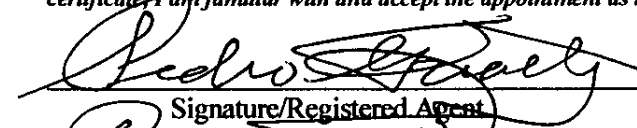
PEDRO P. FIALLO
8301 NW 144 STREET
MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PEDRO P. FIALLO
8301 NW 144 STREET
MIAMI LAKES, FL 33016

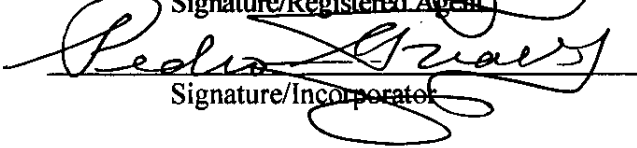
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03-27-07

Date



Signature/Incorporator

03-27-07

Date