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SEURETARY OF STATE FALLAHASSER, FLORIDA

T. Burch MAY 8 2007

COVER LETTER

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

SUBJECT: MOBILIARCH INTERNATIONAL CORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: MARIA ELISA ARCHILA Name (Printed or typed) **826 SW 118 TERRACE** Address **DAVIE, FL 33325** City, State & Zip 954-295-5323

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

Daytime Telephone number

ARTICLES OF INCORPORATION

FILED

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

2007 MAY -7 PM 3: 27

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE. TALLAHASSEE, FLORIDA

MOBILIARCH INTERNATIONAL CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

826 SW 118 TERRACE, DAVIE, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized to carry on and engage in the practice of any activity or business permitted under the laws of the United States of America and/or the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA ELISA ARCHILA 826 SW 118 TERRACE DAVIE, FL 33325

ARTICLE VI REGISTERED AGENT

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

MARIA ELISA ARCHILA 826 SW 118 TERRACE DAVIE, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA ELISA ARCHILA 826 SW 118 TERRACE DAVIE, FL 33325

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

Signature/Incorporator

/Date

Date