

FROM : LAZARUS
Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

Effective Date

01-01-08

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

BIVANETTY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Effective Date

01-01-08

ARTICLE I - NAME

The name of the corporation shall be:

BIVANETTY, INC.

(effective Date 1/1/08)

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

170 NW 85 CT

Miami FL 33126

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Beatriz FREGIO

170 NW 85 CT

Miami FL 33126

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TALLAHASSEE, FLORIDA

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

BEATRIZ FREGIO
170 NW 95 CT
Miami FL 33126

The undersigned incorporator has executed these Articles of Incorporation this 26 day of December 2007



Signature

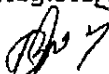
ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

BEATRIZ FREGIO
- PRESIDENT -

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

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