5 (**b**= Ø4:23E FROM AZARUS μý ion of OTDOT Florida Department of State **Division of Corporations** Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H08000089373))) H080000089379ABC2 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6381 1111:52 From: : LAZARUS CORPORATE FILING SERVICE, INC. Account Name : 120000000019 Account Number : (305) 552-5973 Phone : (305)220-1440 Fax Number

FLORIDA PROFIT/NON PROFIT CORPORATION

PASALTOR RELOADED CORP.

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SECRETARY OF STATE

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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.

The name of the corporation shall be:

ARTICLE II - PRINCIPAL OFFICE

PASALTOR RELOADED CORP.

ARTICLE I - NAME

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

625	SA	NTANDER	AVE	# 3
COR	2AL	GABLES	FL	33134

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:

PABLO SALDARRIAGA 625 SANTANDER AVE #3 CORAL GABIES FL 33134

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PABLO SALDARRIAGO

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SECRETARY OF STATE LLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

incorporation is:

CORAL GABLES FL 33134 The undersigned Incorporator has executed these Articles of 11 day of JAMUARY 2007

Incorporation this

ARTICLE VI- DIRECTOR(S)

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

PABLO SALDARRIAGA. (President). 625 SANTANDER AVE # 3 CORAL GABLES FL 33134

625 SANTANDER AVE #3

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 Registeered Agent.

istared Agent Signature

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