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CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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DRPORATION NAME(S) & DOC	UMENT NUMBER(S),	(if known):
LIHR INVE	ERSIDNIST	INC.
(Corporation Name)	(Document #)	
,		
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	_
Walk in Pick up time	2.00	Certified Copy
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Profit	Amendment	·
Not for Profit Limited Liability	Resignation of Change of Reg	R.A., Officer/Director
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Other	Merger	
OTHER FILINGS	REGISTRATION	/QUALIFICATION
Annual Report	Foreign	
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CR2E031(7/97)

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.

ARTICLE 1 - NAME

THE NAME OF THE CORPORATION SHALL BE:

LIAR Inversionist Inc

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

2650 w 76 st Apt 204 Hialeah, FL 33016

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Luis I. Hernandez. 7650 w 76 st Apt 704 Hialeah, FC 33016

ARTICLE V - INCORPORATOR THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE **ARTICLES OF INCORPORATION IS:** Luis I Hernander 7650 w 76 st Apt 704 Idialeah, FC 33016 THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS DAY OF_ SIGNATURE ARTICLE VI - DIRECTOR(S) THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE): Luis I. Hernandez (President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

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.

RÉGISTERED AGENT SIGNATURE