

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Fhone : (305)552-5973 Fax Number : (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

SPECIFIC UNDERGROUND TECHNOLOGIES INC

Certificate of Status 0 Certified Copy 1 Page Count 03 **Estimated Charge**

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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.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE: SPECIFIC UNDERLOCOUND TECHNOLOGIES INC

ARTICLE II - PRINCIPAL OFFICE

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

5350 W H CT APT # 404 HIALGAN 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

ORLANDO PERCZ 5350 W DI CT APT # 404 MALEAH , FL 33016 2009 JUN 12 AN 6: 21
SECRETARY OF STATE
TALLAHASSEE, FI OBIR.

FROM :LAZARUS

FAX NO. :3052201440

Jun. 12 2009 01:18PM P3

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

ORLANDO PEREZ. 5350 W 21 CT # 404 HiAleah FL 33016

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

DAY OF SOME , 2000

DUN 12 AN 6:21 CRETARY OF STATE LAHASSEE, FLORIDA

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

ORIANDO PEREZ. 5350 W DI CT MALEAN FL 33016 (RESIDENT)

DARIEL TADARES 11970 SW 191 TEXR MIAMI FL 33177 (VP)

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.

REGISTERED AGENT SIGNATURE