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Division of Corporations

Fax Number : (850)617-6381

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF OrbitCom, Inc.

The undersigned incorporator, for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopts the following Article of Incorporation.

ARTICLE I

The name of this corporation shall be: OrbitCom, Inc.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

3971 S.W. 8th Street, Suite 308, Miami, FL 33134

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 1,000 shares having an individual par value of \$1,00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one class (1) class of stock of this corporation.

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ARTICLE VI

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The name and street address of the initial Registered Agent of the college shall be:

Pedro C Donates 3971 S.W. 8th Street, Suite 308 Miami, FL 33134

ARTICLE VII

The name and address of the officers and Initial board of director(s) shall be:

Guillenno Fernandez
 President, Director

3971 S.W. 8th Street, Suite 308 Miami, FL 33134

Incorporator Signature

ARTICLE VIII

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

Guillermo Fernandez 3971 S.W. 8th Street, Suite 308 Miami, FL 33134

The undersigned has executed these Article of Incorporation this 1st day of December 2009

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TALLAHASSEE. FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED ACENT/REGISTERED OFFICE

ORBITCOM, INC. (Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature:

Registered Agent:

REGISTERED AGENT NAME:

ADDRESS:

CITY OF: MIAMI COUNTY OF:

MIAMI-DADE STATE OF:

FLORIDA