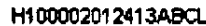


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DIVISION OF CONSUMERS

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FILED
2010 SEP 10 PM 12:46
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
B3

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

Email Address: _____

RECEIVED
10 SEP 10 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-13-10

Help

H10000201241

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.

FILED
2010 SEP 10 PM 12:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - NAME

The name of the corporation shall be:

Professional Private Investments, INC.

ARTICLE II - PRINCIPAL OFFICE

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

*13457 SW 45 LN
Miami FL 33175*

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:

*Ricardo Martinez
13457 SW 45 LN
Miami FL 33175*

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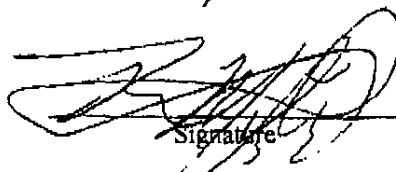
ARTICLE V - INCORPORATOR

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

Ricardo Martinez
13457 SW 95 LN
Miami FL 33175

The undersigned incorporator has executed these Articles of Incorporation this

10 day of September 20 10.

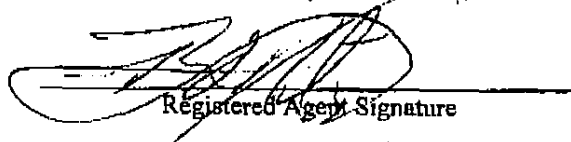

SignatureARTICLE VI - DIRECTOR (S)

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

Ricardo Martinez - 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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