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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CORDOBA SERVICES CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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DECEMBER 2, 2011

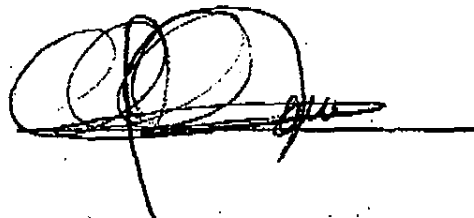
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of CORDOBA SERVICES CORP
of Doc # P08000066549 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

A handwritten signature in black ink, consisting of several loops and a horizontal line at the end, positioned above a horizontal line.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **CORDOBA SERVICES CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address
516 SW 109 AVE
MIAMI FL 33175

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

money transfer And Retail sale

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES @ 1.00 PER VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CORDOBA JOSHUA/PRESIDENT** Name and Title: _____
Address: **516 SW 109 AVE** Address: _____
MIAMI FL 33175

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **CORDOBA JOSHUA**
Address: **11686 SW 91 TERRACE**
MIAMI FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **CORDOBA JOSHUA**
Address: **11686 SW 91 TERRACE**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

11/29/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

11/29/2011

Date

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