Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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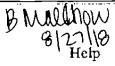
Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future.	To:			
From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future.		Division of Co	rporations	
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FLORIDA PROFIT/NON PROFIT CORPORATION MATREX AMERICA INC.

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Corporate Filing Menu



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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

NAME The name of the corporation shall be:

MATREX AMERICA INC.

<u>PRINCIPAL OFFICE</u> The principal place of business and mailing address of this corporation shall be: 8333 NW 53 ST STE 450

MIAMI, FL 33166

<u>SHARES</u> The number of shares of stock that this corporation is outhorized to have outstanding at any one time is: 1000 SHARES @ \$1.00 PER VALUE

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial registered agents is:

EDITH RUIZ 8333 NW 53 ST STE 450 MIAMI, FL 33166

ARTICLE V <u>INCORPORATOR</u>

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

EDITH RUIZ 8333 NW 53 ST STE 450 MIAMI, FL 33166

DIRECTOR

The name and address of the director to these Articles of Incorporation are:

EDITH RUIZ - PRES 8333 NW 53 ST STE 450 MIAML FL 33166

Having been named us registered agent and to accept services of process for the above stated corporation or the 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 statues relating to the propor and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agont

Signature/Incorporator