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To: Division of Corporations Fax Number : (850)617-6381 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 annual report mailings. Enter only one email address please.** Email Address:_ FLORIDA PROFIT/NON PROFIT CORPORATION MBX CORP. Certificate of Status 0 Certified Copy 1 03 Page Count Estimated Charge \$78.75

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IT:

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit) Effective Date ARTICLE I NAME: The name of the corporation is: Corp. ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 47 NW 72 ave. 33166 100 ARTICLE III SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICERS:

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Luis Diego Astunias Cerezo 4747 NW 72 ave 33166 Miami, Florida

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Diego Asturias Cerezo 1 NW 72 ave 33166

Florida Mi ami

Required Signatures:

3052201440

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

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.

Date

Date