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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION 2718 SERVICES CORP

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1. . . .

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	CES CURP
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
1040	O NW 74th STREET
UHIT	203
70R/	L. FL 33178
TICLE II	SHARES: The number of shares of stock is:
<u>AR</u> J	TICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
DAVIE	L ENRIQUE OTERO P
MARIA	NEL CARMEN RESTREPO VP
ARTICLE	V INITIAL REGISTERED AGENT AND STREET ADD
ARTICLE	A Plorida street address (PO Box not acceptable) of the registered
he name a	NOTICE OF THE PROPERTY OF T
he name a	nd Florida street address (PO Box not acceptable) of the registered
040	nd Florida street address (PO Box not acceptable) of the registered ENRIGUE OIERO
DANIE 1040 DOLA	nd Florida street address (PO Box not acceptable) of the registered. LENDIOUE CAECO DHW 74th STECCA UNIT 203 L. FI 23178 VI INCORPORATOR: The name and address of the Incorporation.
DANIE 1040 DOLA ARTICLE	nd Florida street address (PO Box not acceptable) of the registered Lengtone ONERO DAW 74th STREET UNIT 203

. . . .

Required Signatures:

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

Registered Agon

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.