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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

\*\*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 ADVANTAGE CENTER I CORP

Certificate of Status	0
Certified Copy	. 1
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

advantage center 1 corp	
ARTICLE II PRINCIPAL OFFICE:	<del></del>
The principal street address and mailing address is:	
1175 Ne 1255+ 420 N	
MIAMI Beach FL 33/65	
123/67	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND OUT OF	~
PARTICIONS AND/OR OFFICERS:	
Orlando ALVarez del Bio (P)	
<u> </u>	
ARTICLE V INITIAL REGISTERED ACENT AND	
AND STREET ADIDECO.	
he name and Florida street address (PO Box not acceptable) of the registered agent is:	<u></u>
TORREST CACT RIO	VIII.
Miani la sil 1854 420 N	)CT
Miami beach F1 33165	<u> </u>
RTICLE VI INCORPORATOR: The name and address of the Incorporator is:	ARA
Orlando Alvarez de Rio	AMIZ: 45
1175 Ne 12557 420 N	5 5

के जिल्लाहरू के जाते जेंद्र

## 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

<i>O</i>	
Registered Agent	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.

<i></i>	
Incorporator	Date

24 OCT -1 AMI2: 45