D N ****122.50 CORPORATION(S) NAME P# 12: 77 Toll Free: 1-800-432-3028 r) Profit () Amendment) NonProfit () Merger) Dissolution () Mark () Foreign) Annual Report () Other () Limited Partnership) Reservation) Change of Registered Agent) Reinstatement) Photo Copies () Cartificate Under Seal رح) Certifled Copy () Call If Problem () After 4:30) Call When Ready () Mail Out /) Pick Up ν) Walk In () Will Walt CENTIFIED CORV Availability Document Examiner Updeter H. SIMS FEB - 1 1995 Varifier

CR2E031 (R8-85)

Acknowledgment

w.p. Verifler

ARTICLES OF INCORPORATION

OF

JOAMOL CORPORATION

ARTICLE I.

CORPORATE NAME

The name of this Corporation shall be: JOAMOL CORPORATION



ARTICLE II.

NATURE OF BUSINESS AND DURATION

The Corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida.

The corporation shall have perpetual existence.

ARTICLE III.

CAPITAL STOCK

This Corporation is authorized to issue a maximum of One Thousand (1,000) shares of stock. The shares of stock authorized shall be common stock having a par value of One (1) Dollar per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV.

INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Corporation's initial Registered Agent and

Registered Office in the State of Florida shall be:

Amparo Trujillo 67 SW 24 Street, Suite 54 Miami, FL 33155 ARTICLE V.

ADDRESS

The principal place of business of this corporation in the State of Florida is:

67 SW 24 Street, Suite 54 Miami, FL 33155

ARTICLE VI.

BOARD OF DIRECTORS

The number of Directors may be altered from time to time by By-Laws adopted by the Stockholders. However, the Corporation shall have no less than one (1) Director at any time.

ARTICLE VII.

INITIAL DIRECTOR

The name and post office address of the first Directors of the Corporation is:

Name Olga Lucia Botero President

Amparo Trujillo Vice President/Secretary

Jose F. Trujillo Treasurer Address 67 SW 24 Street, #54 Miami, FL 33155

67 SW 24 Street, #54 Miami, FL 33155

67 SW 24 Street, #54 Miami, FL 33155

ARTICLE VIII.

INCORPORATOR

The name and post office address of the Incorporators executing these Articles of Incorporation is as follows:

Olga Lucia Botero 67 SW 24 Street, #54 Miami, FL 33155

Amparo Trujillo 67 SW 24 Street, #54 Miami, FL 33155

The undersigned Incorporators, for the purpose of forming a corporation to do business within the State of Florida, do make and file these Articles of Incorporation hereby declaring and certifying that the facts stated are true.

Olga Lucia Boloria B T

STATE FLORIDA COUNTY OF DADE

BE IT REMEMBERED that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments appeared Olga Lucia Botero and Amparo Trujillo, personally known to me to be the persons described as the Incorporators in the foregoing Articles of Incorporation, and they acknowledged before me that they executed said Articles of Incorporation.

WITNESS my hand and official seal at Hialeah, said County and State, this 31st day of January, 1995.

OFFICE APR. 22,1996

Gloria S. Ruiz

THE UNDERSIGNED hereby accepts the foregoing designation as initial Registered Agent and agrees to comply with the provisions of law applicable to said designation.

By: Checker

P95000008358

Form 8822 OMB No. 1545-1163 (Pav. May 1994) Please type or print. Expires 5-31-95 Department of the Treasury Internal Revenus Service See instructions on page 2. Do not attach this form to your return. Part 1: Complete This Pert To Change Your Home Mailing Address Check ALL boxes this change affects: Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.) If your last return was a joint return and you are now establishing a residence separate Employment tax returns for household employers (Forms 942, 940, and 940-EZ) Gift, estate, or generation-skipping transfer tax returns (Forms 708, 709, etc.) For Forms 708 and 708NA, enter the decedent's name and social security number below. ▶ Name Social security number Your name (first name, initial, and last name) Your social se Spouse's name (first name, initial, and last name) Spouse's soc Prior name(s). See instructions Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no. Spouse's old address, if different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no. New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no. Part II Complete This Part To Change Your Business Mailing Address or Business Location Check ALL boxes this change affects: Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.) 10 Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions. Business location Business name 12b Employer Identification no. 128 CORPORATION 65-05529911 Oid address (no., street, city or town, state, and ZiP code). If a P.O. box or foreign address, see instructions. 13 Room or sulte no. SY :4 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions Room or sulte no. 15 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. Room or suite no Part III Signature 305, 2611-0029 Daytime telephone no. of person to contact (optional) Please Sign If Part II completed, signature of owner, officer or rep. Here Your signature Maries

Date

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Form 8822 (Rev. 5-94)

If joint return, apouse's signature

For Privacy Act and Paperwork Reduction Act Notice, see page 2.