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FLORIDA DIVISION OF CORPORATIONS

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DEPARTMENT OF TREASURY

STATE OF FLORIDA

409 EAST GRADY STREET

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: NORTH FLORIDA NETWORK DISTRIBUTORS INC.

FAX AUDIT NUMBER: H96000003852

CURRENT STATUS: REQUESTED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

NORTH FLORIDA NETWORK DISTRIBUTERS INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: North Florida Network Distributors Inc.

The principal place of business of this corporation shall be: 1150 SW 22nd St. #16
Miami, FL 33129

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 Shares at \$1.00 Par Value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Pedro Valle
1150 SW 22nd St. #16
Miami, FL 33129

Prepared by: Pedro Valle
1150 S.W. 22nd St. #16
Miami, Fl 33129

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Pedro Vallo
1150 SW 22nd St. #16
Miami, FL 33129

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____, 19__.

Signature(s) of Incorporator(s)

Pedro Vallo

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: North Florida Network Distribution Inc.

2. The name and address of the registered agent and office is:

Pedro VALLE
(NAME)

1150 SW 22nd St. #16
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

Miami, FL 33129
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at 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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Pedro Valle
(SIGNATURE)

3-18-96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314