# P97000013350

| ##### Address  MIAMT, FLORIDA 33174 (305) 552-5973  City/State/Zip Phone #  LOCAL REPRESENTATIVE TALLAHASSEE  CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  1. Natural Lawy Total Care, INC.  (Corporation Name) (Document #)  2. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Pick up time (Corporation Name) (Document #)  Walk in Pick up time Corporation Name) (Document #)  Mail out Will wait Photocopy Certificate of Status  **AMENDMENTS**  Amendment Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  **AMENDMENTS**  Annual Report Fictitious Name  Name Reservation  Name Reservation  Name Reservation  Name Reservation  Name Reservation  Reinstatement  Trademark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         | RATE INDUSTRIES, INC. stor's Name | <u>.  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
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| City/State/Zip Phone #  LOCAL REPRESENTATIVE TALLAHASSEE  CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  1. MALLAHASSEE  CORPORATION Name)  (Corporation Name) | 890 S.W. 87 AV          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| LOCAL REPRESENTATIVE TALLAHASSEE  CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  1. NAME (Corporation Name)  (Corporat |                         |                                   | 400002083754-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  1. NAMERICAL LAWN TOTAL CARE, INC.  (Corporation Name) (Document #)  2. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Pick up time Photocopy Certificate of Status  NewFILINGS  Profit Resignation of R.A., Officer/Director  Change of Registered Agent  Domestication Dissolution/Withdrawal  Other Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  PREGISTRATION:  Foreign  Limited Partnership  Reinstatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City/State/Zip          | Phone #                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8.7 |
| 1. NATURAL LAWN TOTAL CARE, INC.  (Corporation Name)  2. (Corporation Name)  (Document #)  3. (Corporation Name)  (Corporation Name)  (Document #)  4. (Corporation Name)  (Document #)  Walk in Pick up time Photocopy  (Cortified Copy of Certified Copy of Certificate of Status  Profit Amendment  NonProfit Resignation of R.A., Officer/ Director  Limited Liability  Domestication  Other  Dissolution/Withdrawal  Other  Name Reservation  Name Reservation  Name Reservation  Name Reservation  Name Resignation of R.A., Officer/ Director  Limited Partnership  Limited Partnership  Limited Partnership  Reinststement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LOCAL REPRESEN          | TATIVE TALLAHASSEE                | Office Use Offiy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
| 2. (Corporation Name) (Document #)  3. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Pick up time Occurrent #)  Mail out Will wait Photocopy Certificate of Status  PNEW FILINGS  AMENDMENTS  Amendment Resignation of R.A., Officer/ Director  Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger  REGISTRATION  REGISTRATION  Foreign Limited Partnership Reinstatement  Resignatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CORPORATION NA          | ME(S) & DOCUMENT NU               | JMBER(S), (if known):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| (Corporation Name)  (Corpo | 1. NATURAL<br>(Corporat | LAWN TOTAL                        | CARE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| 3. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Pick up time Photocopy Certificate of Status  NEWFILINGS  Profit Amendment  NonProfit Resignation of R.A., Officer/ Director  Limited Liability Change of Registered Agent  Domestication Dissolution/Withdrawal  Other Merger  Name Reservation  Name Reservation  Name Reservation  (Corporation Name) (Document #)  Certified Copy of Certificate of Status  Amendment  Amendment  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Other  Foreign  Limited Partnership  Reinstatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| (Corporation Name) (Document #)  4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Corporat               | on Name) (                        | (Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| Walk in Pick up time Photocopy Certified Copy Mail out Will wait Photocopy Certificate of Status    Mail out   Will wait   Photocopy   Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3(Cornerat              | ion Name) (                       | (Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| Walk in Pick up time 2.00 Certified Copy Off  Mail out Will wait Photocopy Certificate of Status    New Filings   Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4                       | (Constraint)                      | (Coordinate in)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| Mail out  Will wait  Photocopy  Certificate of Status  AMENDMENTS  Amendment  NonProfit  Limited Liability  Domestication  Other  Other  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  Converse Agent  Dissolution/Withdrawal  Other  Converse Agent  Dissolution/Withdrawal  Merger  Converse Agent  Dissolution/Withdrawal  Converse Agent  Converse | 4. (Corporat            | ion Name) (                       | (Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | i   |
| Profit  NonProfit  Limited Liability  Domestication  Other  Other  Other  Change of Registered Agent  Dissolution/Withdrawal  Merger  Other  Merger  Other  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  Annual Report  Foreign  Limited Partnership  Reinstatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                   | _ Certified Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,   |
| Profit  NonProfit  Limited Liability  Domestication  Other  Merger  Profit  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  Profit  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  Profit  RegISTRATION  Foreign  Limited Partnership  Reinstatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                   | y Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| NonProfit  Limited Liability  Domestication  Other  Change of Registered Agent  Dissolution/Withdrawal  Merger  PEGISTRATION  Fictitious Name  Name Reservation  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  PEGISTRATION  Foreign  Limited Partnership  Reinstatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | THEW FILINGS            | AMENDMENTS                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| Limited Liability  Domestication  Other  Dissolution/Withdrawal  Merger  Merger  PREGISTRATION  Annual Report  Fictitious Name  Name Reservation  Limited Partnership  Reinstatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Profit                  | Amendment                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| Domestication Other  Dissolution/Withdrawal  Other  Merger  REGISTRATION Foreign Foreign Limited Partnership Reinstatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NonProfit               | Resignation of R.A., Officer/Di   | irector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| Other Merger  OTHER FILINGS  Annual Report  Fictitious Name  Name Reservation  Merger  Acceptable Registration  Foreign  Limited Partnership  Reinstatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Limited Liability       | Change of Registered Agent        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Domestication           | Dissolution/Withdrawal            | 97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other                   | Merger                            | 10 HC 0 11 11 11 11 11 11 11 11 11 11 11 11 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22                      | REGISTRATION/                     | Called Marshare Tool Tool Tool Tool Tool Tool Tool Too                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name Reservation        | Limited Partnership               | The sale of the sa |     |
| Trademark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | Reinstatement                     | ] )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
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| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | Other                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |

Examiner's Initials SN FEB 1 0 1997

#### Date FEBRUARY 7, 1997

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

| Tallahassee, Fl.                   | 2314                                                                                                                               |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Re                                 | NATURAL LAWN TOTAL CARE, INC. , Inc.                                                                                               |
|                                    | (name of corporation)                                                                                                              |
| Gentlemen:                         |                                                                                                                                    |
| Enclosed please<br>check in the am | find the original and one copy of Articles of Incorporation, together with mount of \$                                             |
| This represents Fee for Register   | the cost of the Filing Fees, Certified Copy of Articles of Incorporation and ed Agent Designation for the above named corporation. |
|                                    | Very truly yours,                                                                                                                  |
| ,                                  | (individual's name)                                                                                                                |
|                                    | NATURAL LAWN TOTAL CARE, INC.                                                                                                      |
|                                    | (name of corporation)                                                                                                              |
|                                    | P. 0. BOX 144975                                                                                                                   |
|                                    | CORAL GABLES, FLORIDA 33114-4975                                                                                                   |
|                                    | PHONE                                                                                                                              |

<u>ARTICLI'S OF INCORPORATION</u> NATURAL LAWN TOTAL CARE, (name of corporation) The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, form a corporation under the laws of the State of Florida. ARTICLE I - CORPORATE NAME The name of the corporation is: NATURAL LAWN TOTAL CARE, INC. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue FIVE HUNDRED 500 ONE shares ( ) of Dollar(s) (\$ 1.00 ) par, value Common Stock, which shall be designated "Common Shares". ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: NAME LOURDES MEJIAS ADDRESS 7743 S.W. 99 STREET CITY MIAMI STATE FLORIDA 33156 The principal office, if known, or the mailing address of the corporation is: NAME NATURAL LAWN TOTAL CARE, INC. **ADDRESS** 7743 S.W. 99 STREET CITY STATE FLORIDA ZIP MIAMI 33156 ARTICLE VI - INITIAL BOARD OF DIRECTORS This corporation shall have ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less that one (1). The names and addresses of the initial director(s) of the corporation are as follows: NAME OMAR J. MEJIAS DIRECTOR ADDRESS 7743 S.W. 99 STREET CITY STATE IMAIM FLZIP 33156 NAME LOURDES MEJIAS SECRETARY ADDRESS 7743 S.W. 99 STREET MIAMI CITY FL 33156 STATE NAME

STATE

ZIP

ADDRESS

CITY

#### Article VII - INCORPORATORS

| AMI                                                                                                 | OMAR J. MEJI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AS                 |                                                      |                                                                                     |                                                                      |                                                                           |                  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|------------------|
| \DDRESS                                                                                             | 7743 S.W. 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET             |                                                      |                                                                                     |                                                                      |                                                                           |                  |
| CITY                                                                                                | MIAMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7                  | STATE                                                | FL                                                                                  | ZIP                                                                  | 33156                                                                     |                  |
| IAMF                                                                                                | LOURDES MEJIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | <del> </del>                                         |                                                                                     |                                                                      |                                                                           |                  |
| DDRESS                                                                                              | 7743 S.W. 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                      |                                                                                     | <del></del>                                                          | <del></del>                                                               |                  |
| CITY                                                                                                | MIAMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | STATE                                                | FL                                                                                  | ZIP                                                                  | 33156                                                                     |                  |
| IAME                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                      |                                                                                     | ···                                                                  |                                                                           |                  |
| DDRESS                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                      |                                                                                     |                                                                      | ·                                                                         |                  |
| TITY                                                                                                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | STATE                                                | ·                                                                                   | ZIP                                                                  |                                                                           |                  |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | You                                                  | rde N                                                                               | ejies.                                                               |                                                                           | (Seal)           |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | ····                                                 | ι                                                                                   | <i>/</i>                                                             |                                                                           | (Seal)           |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                      |                                                                                     |                                                                      |                                                                           | (Seal)           |
| STATE OF                                                                                            | FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | )                                                    |                                                                                     |                                                                      |                                                                           | (00)             |
|                                                                                                     | DADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | SS                                                   |                                                                                     |                                                                      |                                                                           |                  |
| COUNTY (                                                                                            | DF DADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>        |                                                      |                                                                                     |                                                                      |                                                                           |                  |
|                                                                                                     | a Notary Public authoriz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | zed to take ac     |                                                      |                                                                                     |                                                                      | unty set forth a<br>-58-789-0                                             | hove,            |
| before me,                                                                                          | a Notary Public authoriz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                      |                                                                                     |                                                                      | -58-789-0                                                                 | trove,           |
| before me,                                                                                          | a Notary Public authoriz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                      |                                                                                     | M220-538                                                             | -58-789-0<br>mification                                                   | bove,            |
| before me,                                                                                          | a Notary Public authorizappeared: LOURDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                      |                                                                                     | M220–538<br>Form of Ide                                              | -58-789-0 mification mification                                           | hove,            |
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| nown to me and me that Softhe above name                                                            | Signature  Signature  Signature  Signature  Rubber STAMP SEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | executed the for   | regoing Articles<br>of Incorporations, and that an   | FL DL                                                                               | Form of ide  Form of ide  Form of ider  on, who acknowled the form   | -58-789-0 mification mification mification                                | 41               |
| nown to me and ne that                                                                              | Signature  Signature  Signature  Signature  Signature  RUBBER STAMP SEAL  RGE BANOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e executed the for | regoing Articles<br>of Incorporatione, and that an o | FL DL so of incorporation, that I rolled that have not tall and official se         | Form of ide  Form of ide  Form of ider  on, who acknowlupon the form | -58-789-0 mification mification dification edged before of identification | ur<br>s-rid this |
| nown to me and me that Softhe above name NOT ATRY  OFFICIAL SOME SOME SOME SOME SOME SOME SOME SOME | Signature  Signature  Signature  Signature  Rubber STAMP SEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e executed the for | regoing Articles<br>of Incorporatione, and that an o | FL DL so of Incorporation, that I relied to the was not tall and official se day of | Form of ide  Form of ide  Form of ider  on, who acknowlupon the form | -58-789-0 mification mification mification edged before of identification | u<br>said this   |

Primed Notary Signiture

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT OF

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

wall Mexico .
(registered agent)