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ro: DIVISION OF CORPORATIONS FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: SAENZ & ASSOCIATES, P.A.

AUDIT NUMBER...... H97000003309

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A. CERT. OF STATUS... PAGES...... 4

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ARTICLES OF INCORPORATION

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OF

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SAENZ & ASSOCIATES, P.A.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: SAENZ & ASSOCIATES, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 299 ALHAMBRA CIRCLE, PH 501 CORAL GABLES, FL. 33134

ARTICLE III PURPOSE

The purpose of this corporation shall be: LAW FIRM

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES HAVING THE PAR VALUE OF \$10.00

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: CRISTINA SAENZ, ESQ. 299 ALHAMBRA CIRCLE, PH 501 CORAL GABLES, FL. 33134

RAY STORMONT
EMPIRE CORPORATE KIT COMPANY
1492 West Flegler Street #200
Minni, Florida 33135-2209
10/20 'd

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ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be: EMPIRE CORPORATE KIT OF AMERICA, INC.

1492 WEST FLAGLER STREET SUITE 200

MIAMI FLORIDA 33135

The undersigned has(have executed these Articles of Incorporation this 26 day of FEBRUARY ,1997.

Incorporator

RAY C. STORMONT/PRESIDENT

SIGNING FOR

EMPIRE CORPORATE KIT OF AMERICA, INC.

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CERTIFICATE OF DESIGNATION H 97000003309 REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROFER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

PECYSTERED AGENT

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SECRETARY OF STATE
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