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TO: 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: VOXEL INCORPORATED

AUDIT NUMBER.....H97000008951

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 6

CERT. COPIES.....1

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## ARTICLES OF INCORPORATION VOXEL INCORPORATED

### ARTICLE I

The name of this corporation shall be;  
**VOXEL INCORPORATED**

With the principal place of business located at:  
4882 CASON COVE DRIVE # 103  
ORLANDO FL 32.811

### ARTICLE II

#### GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

### ARTICLE III

#### CAPITAL STOCK

This Corporation is authorized to issue 1000 shares of Common Stock, par value \$1.00(one U.S. dollar) per share.

### ARTICLE IV

#### PREFEMPTIVE RIGHTS

Every shareholder, upon the sale for cash or any new common stock of this Corporation, shall have the right to purchase their pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

### ARTICLE V

#### INITIAL REGISTERED OFFICE

The street address of the registered office of this Corporation is:  
4882 CASON COVE DRIVE # 103  
ORLANDO FL 32.811

The Name of the initial REGISTERED AGENT of this Corporation is:  
**CLAUBER CURVACHO LOPES**

PREPARED BY: THE LAW OFFICES OF ALAN S. GILUECK  
ALAN S. GILUECK # 224278  
141 NW 3<sup>RD</sup> AVE 9<sup>TH</sup> FLOOR, MIAMI, FL 33132(305) 373-6211

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ARTICLE VI  
INITIAL BOARD OF DIRECTORS

This Corporation shall have 1 Director(s) initially, the number of Directors may be either increased or diminished from time to time the bylaws, but shall never be less than one (1). The initial Director(s) of this Corporation is/are:

President - CLAUBER CURVALHO LOPES

ARTICLE VII  
INCORPORATOR

The name and address of the person signing this article is:  
CLAUBER CURVALHO LOPES  
4882 CASON COVE DRIVE # 103  
ORTLANDO FL 32.811

ARTICLE VIII  
INDEMNIFICATION

The Corporation shall indemnify any officer or Director, or any former officers or Directors to the full extent permitted by law.

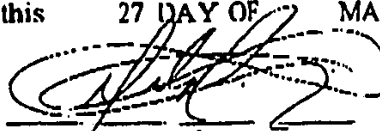
ARTICLE IX  
MANAGEMENT OF CORPORATION SHAREHOLDERS

All Corporate powers shall be exercised by or under the authority of, and the business and affairs of this Corporation shall be managed under the Director of, shareholders of this Corporation.

ARTICLE X  
BY LAWS

The power to adopt, after, amend or repeal by-laws shall be vested on the BOARD OF DIRECTORS and the SHAREHOLDER.

IN WITNESS WHEREOF, The undersigned incorporator has executed these  
Article of Incorporation this 27 DAY OF MAY OF 1997

  
Incorporator

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CERTIFICATE DESIGNATING THE ADDRESS AND AN  
AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSETH:

THAT VOXEL INCORPORATED  
DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF  
FLORIDA, WHICH WILL HAVE ITS PRINCIPAL OFFICE IN THE COUNTY  
OF DADE, STATE OF FLORIDA HAS APPOINTED:

CLAUBER CURVACHO LOPES

AS ITS AGENT ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

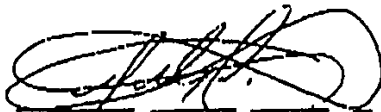
ACKNOWLEDGMENT:

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:

VOXEL INCORPORATED

TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY AGREE TO ACT IN THE CAPACITY OF REGISTERED AGENT  
FOR SAID CORPORATION, AND AGREE TO COMPLY WITH THE  
APPLICABLE PROVISION OF THE FLORIDA STATUTES.

THIS 27 DAY OF MAY, 1997

  
\_\_\_\_\_  
Registered Agent

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STATE OF FLORIDA)  
COUNTY OF DADE )

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE  
ACKNOWLEDGMENTS IN STATE AND COUNTY SET FORTH ABOVE,  
PERSONALLY APPEARED.

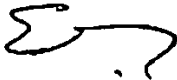
CLAUBER CURVACHO LOPES

KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING  
ARTICLES OF INCORPORATION, AND HE ACKNOWLEDGED BEFORE  
ME THAT HE EXECUTED SAME.

IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND  
AFFIXED MY OFFICIAL SEAL,

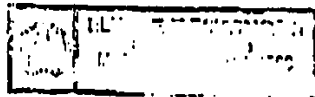
IN THE STATE AND COUNTY AFORESAID

THIS 27 DAY OF MAY, 1997



\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My commission expires:



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# SPECIFIC POWER OF ATTORNEY

BE IT KNOWN, THAT I, **VOXEL INCORPORATED** **THE**  
**UNDERSIGNED**, TO HEREBY GRANT A LIMITED AND SPECIFIC POWER OF  
**ATTORNEY TO THE LAW OFFICES OF RICARDO SANTIAGO SANCHEZ OF**  
**MIAMI, FL - AS MY ATTORNEY-IN-FACT.**  
**SAID ATTORNEY-IN-FACT SHALL HAVE FULL POWER AND AUTHORITY TO**  
**UNDERTAKE AND PERFORM ONLY THE FOLLOWING ACTS ON MY BEHALF:**  
**MANAGE THE PROCEDURES IN ORDER TO OBTAIN FLIN #, ANY KIND OF BUSINESS**  
**LICENSES, INQUIRE ABOUT LIABILITIES WITH THE IRS., FLORIDA DEPARTMENTS,**  
**CUSTOMS, AND ANY OTHER GOVERNMENTAL OFFICE. THE AUTHORITY HEREIN**  
**SHALL INCLUDE SUCH INCIDENTAL ACTS AS ARE REASONABLY REQUIRED TO**  
**CARRY OUT AND PERFORM THE SPECIFIC AUTHORITIES GRANTED HEREIN.**

MY ATTORNEY-IN-FACT AGREES TO ACCEPT THIS APPOINTMENT SUBJECT TO ACT  
 AND PERFORM IN SAID FIDUCIARY CAPACITY CONSISTENT WITH MY BEST  
 INTEREST AS MY ATTORNEY-IN-FACT IN THIS DISCRETION DEEMS ADVISABLE.

THIS POWER OF ATTORNEY IS EFFECTIVE UPON EXECUTION, THIS POWER OF  
 ATTORNEY MAY BE REVOKED BY ME AT ANY TIME, AND SHALL AUTOMATICALLY  
 BE REVOKED UPON MY DEATH, PROVIDED ANY PERSON RELYING ON THIS POWER  
 OF ATTORNEY SHALL HAVE FULL RIGHTS TO ACCEPT AND RELY UPON THE  
 AUTHORITY OF MY ATTORNEY-IN-FACT UNTIL IN RECEIPT OF ACTUAL NOTICE OF  
 REVOCATION.

SIGNED UNDER SEAL. THIS

27 DAY OF MAY

1997

STATE OF FLORIDA  
 COUNTY OF DADE

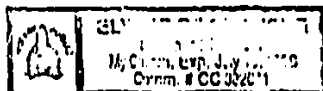
On / / before me, **ALAN S. GLUECK** personally appeared.

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person  
 whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they  
 executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on  
 the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the  
 instrument.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature

Notary Public



Affiant Known ☒ Produced ID  
 Type of ID \_\_\_\_\_

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