0970 (ANMITTAL) ETTE 5900

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	S		or poration = 1
SUBJECT:	Management System (Proposed corpo	n Deue lopment Crate name - must include sui	arporation =
		2	000023 41 7 -11/07/9701 ****131.25
Enclosed is an original a	and one(1) copy of the article	s of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Celso Alvar Name (P.	(ad to	
	1000 Ponce	de Leon, Svita	2 302
	Coral Gal	bles Florida State & Zip	33/39
	365-446. Daytime T	-/007 elephone number	
			5/1/10

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Management Systems Development Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1000 Ponce de Leon Blvd., Ste. 302 Coral Gables, FL 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1 Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Celso Alvarado

1000 Ponce de Leon Blvd., Ste. 302

Coral Gables, FL 33134

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Celso Alvarado 4370 SW 15th St. Miami, FL 33134

Signature/Incorporator

1/5/97

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date