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

FAX #: (305)541-3770

NAME: JESUS URIARTE, P.A.

AUDIT NUMBER...... H98000000541

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

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January 9, 1998

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

JESUS URIARTE, P.A.

The undersigned incorporator(s), for the purpose of forming a Frofessional 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: Jesus Uriarte, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of husiness and mailing address of this corporation shall be: 4100 W. Flagler St.
Suite K
Miami, FL 33134

ARTICLE III PURPOSE

The purpose of this corporation shall be: Provide legal services by an attorney.

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 an individual par value of \$ 10.00.

Prepared by:

Law Office Of

Jesus Uriarts

4100 W. Flagler Street
Suite K

Miemi, Floride 33134
Fla Bax #: 374008
(305) 441-2220

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ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Jesus Uriarte 4100 W. Flagler St. Suite K Miami, FL 33134

ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

Jesus Uriarte 4100 W. Flagler St. Suite K Miami, FL 33134

ARTICLE VII OFFICER(S)

The name, title and address of the officers of this corporation shall be:

Jesus Uriarte 4100 W. Flagler St. Suite K Miami, FL 33134 President/Secretary

ARTICLE VILL INCORPORATOR(S)

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The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Jesus Uriarte 4100 W. Flagler St., Suite K Miami, FL 33134

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CERTIFICATE OF DESIGNATION 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 REPEBY 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 OBYIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT

98 JAN -9 AM 8: 15
SEGNILIANCE OF STATE
ALORIDA

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