

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002442354--9

-02/27/98--01033--016

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UBAR MANAGEMENT CENTER INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

98 FEB 27 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials

ARTICLES OF INCORPORATION

OF

THE UNDERSIGNED INCORPORATOR(S) FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

UBAR MANAGEMENT CENTER INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE

2935 SW 3Rd. Ave Suite A
Miami, Florida. 33129

FILED
98 FEB 27 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OF ALL LAWFUL ACTIVITIES BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES OF ONE DOLLAR (\$ 1.00) PAR VALUE COMMON STOCK.

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTORS IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION(S) EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS(ARE):

LAZARA M. SANCHEZ

PRESIDENT

ARTICLE VI INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLE OF INCORPORATION IS (ARE)

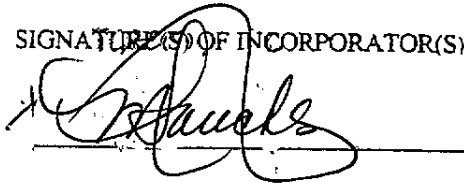
LAZARA M. SANCHEZ

PRESIDENT

2935 SW 3Rd. Ave Suite A.
Miami, Florida. 33129

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS 24 DAY OF Feb 1998

SIGNATURE(S) OF INCORPORATOR(S)

A handwritten signature in dark ink, appearing to read "Lazara M. Sanchez", is written over a horizontal line. Below this line is another horizontal line, which is currently blank.

**CERTIFICATE DESIGNATING
REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO PROVISIONS OF SECTION 607.325 FLORIDA STATUTES THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

UBAR MANAGEMENT CENTER INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

HECTOR VAZQUEZ 1800 W. 49Th Street Suite 217 Hialeah, Fl. 33012
(P.O. BOX NOT ACCEPTABLE)

SIGNATURE

CORPORATE OFFICER

TITLE PRESIDENT

DATE FEB 24, 1998

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTIONS 607.325 FLORIDA STATUTES.

SIGNATURE

REGISTERED AGENT

DATE Feb 24, 1998

FILED
98 FEB 27 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA