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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

071001002335 ACCT#1

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: UNILAND INVESTMENTS INC.

AUDIT NUMBER..... H98000004183

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

CERT. OF STATUS..1

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 3, 1998

FAS-T CORP AGENTS

SUBJECT: UNILAND INVESTMENT INC.

REF: W98000004700

98 MAR -3 AM 7: 29
SEGNETARY OF STANDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight Document Specialist FAX Aud. #: E98000004183 Letter Number: 398A00011720 H98000004183

ARTICLES OF INCORPORATION

<u>of</u>

UNILAND INVESTMENTS INC.. 870 N VENETIAN DR. MIAMI. FLORIDA 33139

98 MAR -3 AM 7: 30

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General corporation act, hereby adopts(s) the following articles of incorporation.

ARTICLE I NAME

The name of this corporation shall be: UNILAND INVESTMENTS INC.

The principal place of business of this corporation shall be: 870 N VENETIAN DR MIAMI, FL 33139

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities of 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 value that this corporation is authorized to have outstanding at any on the time is: 100 Shares at TEN Dollars with a total of ONE THOUSAND Dollars.

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 director(s), if any, who shall hold office the first year of the corporations existence or until their successor(s) is(are) elected, is(are):

President: IVONNE GARCIA 870 N VENETIAN DR MIAMI, FL 33139 Vice-president RAYMOND GARCIA 870 N VENETIAN DR MIAMI, FL 33139

Prepared by: MARTA BU 3899 N.W. 7TH STREET, SUITE 201 MIAMI, FL 33126 (305) 446-2967 H98000004183

ARTICLE VI INCORPORATION(S).

The name(s) and street address(es) of the incorporator(s) to this article of incorporation is(are)

President: IVONNE GARCIA 870 N VENETIAN DR MIAMI, FL 33139

In witness whereof, the undersigned incorporator(s) has (have) executed these article of incorporation this ______ day of _____ FEBRUARY_____, 1998.

Signature(s) of incorporator(s)

IVONNE GARCIA

STATE OF FLORIDA.

COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 28 day of February , 1998. by IVONNE GARCIA of UNILAND INVESTMENTS INC.

NOTARY PUBLIC

MARTA BU

My commission Expires

OFFICIAL NOTARY SEAL
MARTA BU
COMM . CC 394608.
EXPIRES AUG 10, 1998
BONDED THROUGH
GENERAL ING UNDERWRITERS

(seal) ARTICLES OF INCORPORATION FILING FEE:

H98000004183

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the 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: UNILAND INVESTMENTS INC.
- 2. The name and address of the registered agent and office is:

IVONNE GARCIA	
970 N VENETIAN DR (P.O. BOX NOT ACCEPTABLE)	98 MAF SLORE FALLAT
MIAMI, FLORIDA 33139 (CITY/STATE/ZIP) SIGNATURE: X PLANCE Pare (a)	-3 AM 7: 3
TITLE President. DATE: February 28 1998	DA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE THIS CERTIFICATE, STATED CORPORATION, AT THE PLACE DESIGNATED IN FURTHER AGREE TO HEREBY AGREE TO ACT IN THIS CAPACITY, ND I OF ALL STATUTES RELATIVE TO THE COMPLY WHIT THE PROVISION COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT PROPER AND AND OBLIGATION OF SECTION 607.325, FLORIDA STATUTES. THE DUTIES

DATE February 22ND

REGISTERED AGENT FILING FEE