ARUS 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 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): Corporation Name (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Rick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger 900002823609---03/30/39--01039--008 OTHER FILIGS REGISTRATION/ *****78.75 *****78.75 QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 30, 1999

LAZARUS

MIAMI, FL

SUBJECT: DOT COM CORP. Ref. Number: W99000007593

We have received your document for DOT COM CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole 5 Corporate Specialist

Letter Number: 799A00015986

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

DOT COM INVESTMENTS CORP.

99 MAR 31 PM 2: 56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

6345 COLLINS AVE - SUITE 509 MIAMI BEACH, FLA. 33141

ARTICLE III SHARES

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

100 SHARES AT \$1.00 E/O

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EVELYN PEREZ-LARIN
6345 COLLINS AVE - SUITE 509
MIAMI BEACHM FLA. 33141

ARTICLE V . INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

EVELYN PEREZ-LARIN

6345 COLLINS AVE - SUITE 509

MIAMI BEACH, FLA. 33141

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

EVELYN PEREZ-LARIN
PRESIDENT/SECRETARY
JAVIER CORRAL JIMENEZ
VICE-PRESIDENT/TREASURER
BOTH ADDRESSED AT:
6345 COLLINS AVE - SUITE 509
MIAMI BEACH, FLA. 33141

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _______ day of _____ MARCH ______, 19____9.

local

Signature

Articles of Incorporation Filing Fee \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name of the corporation is:	DOT COM INVESTMENTS CORP.
The name and address of the regis	tered agent and office is:
EVELYN PER	EZ-LARIN
(NA	ME)
6345 COLLI	NS AVE - SUITE 509
(P.O. BOX NOT	ACCEPTABLE)
MIAMI BEAC	H, FLA. 33141
(CITY/S1	TATE/ZIP)

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 COLLEGE SECRET STATE OF STATE

REGISTERED AGENT FILING FEE: \$35.00