OFFICE ISE ONLY (Focument #) LAZARUS CORPORATE FILING SET (Requestor's Name) 3320 S.W. 87th AVENUE (Address)	SOURCE, INC.	$-\frac{1}{10}$	2023449
MIAMI, FLORIDA (305)552-5 (City, State, Zip) (Phon LOCAL REPRESENTATIVE TALLAHA	e #)	OFFICE USE ONLY	committee in an analysis of 15
CORPORATION NAME(S) & D 1. Why GU (R) (Corporation Name) 2. (Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time Mail out Will wait	INC ,	(Document #) (Document #) (Document #) (Document #) (Certified Copy Certificate of Status	RECEIVED 99 001 25 M II: 28 SEPAR MEN OF STAIR MISION OF COMPLEXION MALLALASSIS, SERVICES
Profit NonProfit Limited Liability Domestication Other OTHER FILNGS Annual Report Fictitious Name Name Reservation	AMENDM Amendment Resignation of I Change of Regis Dissolution/With Merger REGISTRATIO QUALIFICATIO Foreign Limited Partners Reinstatement Trademark Other	R.A., Officer/Director tered Agent drawal	99 OCT 25 PM I2: 15 SECRETARY OF STATE TALLAHASSEE FLORIDA

CR2E031(9/92)

ARTICLES OF INCORPORATION OF

WAQUIRA, INC.

99 OCT 25 PHIX: 15 THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

Waquira, Inc.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate name.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$10.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

Each of the Shareholders covenants and agrees that he will not sell, assign, transfer, donate or otherwise dispose of, or pledge, hypothecate or otherwise encumber any of the shares of the Corporation's stock except upon the prior written consent of the remaining Shareholders.

ARTICLE VI

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Leopoldo Rios 1800 West 49th Street Suite 207 Hialeah, FL 33012

The principal address shall be: 5109 NW 74 Ave Suite 224 Miami, FL 33166

ARTICLE VII

The initial Board of Directors shall consist of a total of Three (3) person and the name and address of the persons who are to serve as an initial directors are:

GUSTAVO PALACIOS 5109 NW 74 Ave Suite 224 Miami FL 33166 DIRECTOR JOSE PALACIOS 5109 NW 74 Ave Suite 224 Miami FL 33166 DIRECTOR

PRESIDENT

ELISA AZA 5109 NW 74 Ave Suite 224

Miami FL 33166

The name and address of the incorporator executing these Articles of Incorporation is: LEOPOLDO RIOS 1800 W, 49th Street, Ste. 207 Hialeah, FL 33012

IN WITNESS WHEREOF, the undersigned Articles of Incorporation this 21 day of	incorporator October	r has (v , 19	/e) ехест <u>99</u> .	ited these	- ···-		
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STATE OF FLORIDA							
COUNTY OF DADE	- ·	-		- c ·	- · -		
BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Gustavo Palacios, Jose Palacios and Elisa Aza known to me and known by me to be the person (s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation. IN WITHNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this							

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:

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.

1. The name of the corporation is:		
Waquira, Inc.	- · · · · · · · · · · · · · · · · · · ·	لىدى . روسا
2. The name and address of the registered agent and office is:		·
Leopoldo Ríos (NAME)	<u>and the second of the second </u>	<u></u> 100 (1 <u>1.</u>)
(IVAIVIE)		
1800 W, 49th Street, Suite 207		
(P.O.BOX NOT ACCEPTABLE)		
Hialeah, FL 33012	<u> </u>	
(CITY/STATE/ZIP CODE)		

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 RELATINGS TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature

Date __10/21/99