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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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		L SERVICES CORP. prate name - must include su	
closed is an origina	al and one(1) copy of the article	es of incorporation and a	check for :
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	JOSE A. QUIJANO Name (P	rinted or typed)	
	P.O.BOX 655058	······································	
		Address	***************************************
	MIAMI FL 33265-5058		
	City,	State & Zip	99 NOV - SECRETAI ALLAHAS
	Daytime To	elephone number	PH I:
	BAVE		OO TATE DRIDA

THE MEDISTER NOV 8 1999.

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

99 NOV -1 PM 1:00 SECRETARY OF STATE TALLAHASSEE. FLORIDA

MAIN FRAME CONFIDENTIAL SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

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

651 N.W. 82 AVE. SUITE 110E MIAMI FL 33126 P.O. BOX 655058 MIAMI FL 33265-5058 (MAILING ADDRESS)

ARTICLE III SHARES

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

100 SHARES OF \$ 5.00 EACH (500.00)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOSE A. QUIJANO 651 N.W. 82 AVE. SUITE110E MIAMI FL 33126

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JOSE A. OUIJANO 651 N. W. 82 AVE. SUITE 110E MIAMI FL. 33126

Signature/Incorporator/ Picsident

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date