Department of State **Division of Corporations** P. O. Box 6327 500003036845---5 Tallahassee, FL 32314 11/05/99-01080-016 *****78.75 *****78.75 **SUBJECT:** Azania \mathcal{T} OA N (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □ \$70.00 **1** \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: _____Guillermo Barzan Name (Printed or typed) Address City, State & Zip 1-5 PII 4 1813)932 -03 2 Daytime Telephone number 5

NOTE: Please provide the original and one copy of the articles.

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.

ARTICLE I NAME

The name of the corporation shall be: Barzana & Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2217 W OKalcosa Avenue Tampa, FL 33604-0949

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRE

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

3202 Colwell Avenue ApT. 1003 Tampa, FL 33614

ARTICLE V INCORPORATOR

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

Guillermo Barzana 3202 Colwell Avenue Apr. 1003 Tampas FL 33614

Signature/Incorporator

(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

enon Bankon

Date

Signature/Registered Agent