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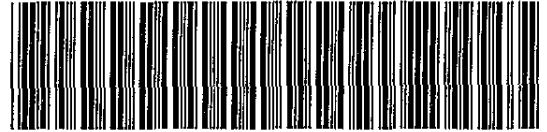
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

2/16/06

COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: AMERICOAST ENTERPRISES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ALAN P BYRD ATTORNEY AT LAW
Name (Printed or typed)

1031 IVES DAIRY RD #228
Address

MIAMI FL 33179
City, State & Zip

305 655 2196
Daytime Telephone number

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

ARTICLES OF INCORPORATION OF
AMERICOAST ENTERPRISES, Inc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

THE UNDERSIGNED, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

I.

The name of the corporation is: AMERICOAST ENTERPRISES, Inc..

II.

The period of its duration is perpetual.

III.

The general purposes for which the corporation is organized are:

- a. For the general purpose of doing any lawful business.
- b. To do such other things as are incidental to the above or desirable in order to accomplish the foregoing.
- c. To engage in any other lawful trade or business which can, in the opinion of the Board of Directors of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.

IV.

The corporation shall have authority to issue 100 shares, all of one class, no par value.

V.

The address of its initial registered office: 18236 Mediterranean Blvd., #1205, Miami, FL 33015. The name of its initial registered agent is: CARMEN BARBOZA.

VI.

The number of directors constituting the initial board of directors is one. Her name and address is: CARMEN BARBOZA, 18236 Mediterranean Blvd., #1205, Miami, FL 33015.

The principal office of the corporation and mailing address is: 18236 Mediterranean Blvd., #1205, Miami, FL 33015.

VII.

The names and addresses of the incorporators are: CARMEN BARBOZA, 18236 Mediterranean Blvd., #1205, Miami, FL 33015.

VIII.

The initial officers of the corporation are: President: CARMEN BARBOZA

IX

Pre-emptive rights shall be as follows: None.

Dated: 1/25/06

Carmen Barboza
CARMEN BARBOZA
INCORPORATOR

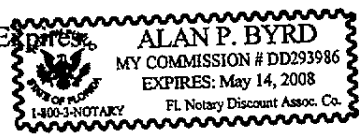
STATE OF FLORIDA
COUNTY OF MIAMI DADE

BEFORE ME, the undersigned authority, personally appeared CARMEN BARBOZA who provided his Florida driver's license no. (FL DL shown) as identification and who subscribed the above Articles of Incorporation and did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have set my official seal at, Dade County, Florida, this 25 day of January, 2006.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 day of JANUARY, 2006.

My Commission Expires



Alan P. Byrd
Notary Public State of Florida

Personally Known _____ OR Produced Identification ✓
Type of Identification Produced FL DL

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

First that AMERICOAST ENTERPRISES, Inc. desiring to organize under the laws of the State of Florida, with its principal office, at 18236 Mediterranean Blvd., #1205, Miami, FL 33015 as indicated in the articles of incorporation has named: CARMEN BARBOZA as its agent to accept service of process within this State.

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



CARMEN BARBOZA

Registered Agent

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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