

P00000006017

TRANSMITTAL LETTER

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

SUBJECT: Alkalize and Energize, Inc.
(Proposed corporate name - must include suffix)

400003096544--2
-01/12/00--01086-013
131.25 *87.50

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

\$131.25 Filing Fee, Certified Copy & Certificate

FROM: Carlos Menendez
Name (Printed or typed)
941 S.W. 112 Ave.
Address
Pembroke Pines, FL 33025
City, State & Zip
954-443-0071
Daytime Telephone number

00 JAN 12 AM 8:48
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Y1422
Per Carlos Menendez
please issue refund
of overpayment,
KC

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:

Alkalize and Energize, Inc.

ARTICLE II PRINCIPAL OFFICE

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

941 S.W. 112th Ave. Pembroke Pines, Fl. 33025

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

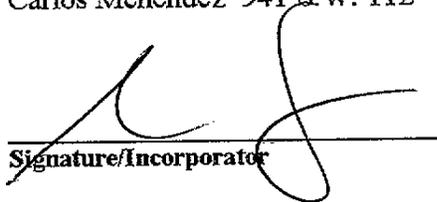
The name and Florida street address of the initial registered agent are:

Caroline Garcia 9770 S.W. 16 St.n Miami, Fl. 33165

ARTICLE V INCORPORATOR

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

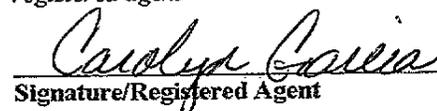
Carlos Menendez 941 S.W. 112th Ave. Pembroke Pines, Fl. 33025


Signature/Incorporator

01-07-00
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

01-07-00
Date

FILED
00 JAN 12 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA