TRANSMITTAL LETTER

POODOO 057364 Department of State

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

SUBJECT:		duction Compate name - must include suf		
			0003277/ -06/06/000 *****87.50	1017025
Enclosed is an original	al 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	1604 River B	inted or typed)	TÄLLAHASS	00 JUN -5

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

City, State & Zip

407-282-0132 Daytime Telephone number

Orlando, FL 32828

ARTICLES OF INCORPORATION

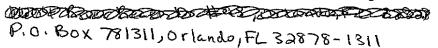
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.					
ARTICLE I The name of the c	NAME		_		

CULTARY OF STA

Infant Production Company

ARTICLE II PRINCIPAL OFFICE

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



ARTICLE III SHARES

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

100- one hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Emily Benilla 1604 River Reach Dr. #95, Orlando, FL 32828

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are: Emily Bonilla, 1604 River Reach Dr. #95, Orlando, FL 32828

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7	Signature/Incorporator	 Da	te

(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

E/Bille	Mrne 1,2000		
Signature/Registered Agent	Date		