

P000000060347

TRANSMITTAL LETTER

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

SUBJECT: Sing, Corp.
(Proposed Corporate name - must include suffix)

300003294013--9

Office Use Only: ***\$87.50 *****\$87.50

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

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

FROM: P.R. Accounting Solutions, Inc.
Name (Printed or typed)

Address: 11219 S.W. 147th Ct.

City, State & Zip Miami, FL 33196

Daytime Telephone number 305-382-2449

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 JUN 16 PM 4: 26

FILED

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

AR 6/21

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:

SING, CORP.

ARTICLE II PRINCIPAL OFFICE

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

1330 North Drive, Miami, FL 33179

ARTICLE III SHARES

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

(1) One

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Angel DeLeon 11219 S.W. 147th Ct. Miami, FL 33196

ARTICLE V INCORPORATOR

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

Robert Fernandez 6030 N.W. 46th Ave. Tamarac, FL 33319

ARTICLE VI EFFECTIVE DATE

June 13, 2000


Signature/Incorporator

06-12-00
Date

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 the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept to obligations of my position as registered agent.


Signature/Registered Agent

6/13/00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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