<u>IS CORPORATE FILING SERVICE</u> (Requestor's Name) 0000003317740--3 3320 S.W. 87 AVENUE -07/10/00--01052--011 (Address) *****78.75 *****78.75 MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time 2.00 Certified Copy Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME ARTICLE I NAME ARTICLE I NAME ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: 9137 NW 114 St. Linkeah Sudeos Florida, 33018
ARTICLE III SHARES

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

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Federico Atveha 9137 NW 114 St Lialcan Dandens-FC 33018.-

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Federies Chroha- Inecident Jonge Shaha- Vice-Precident. 9137 NW 114 St Miani-FL 33018

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.

1.	The name of the corporation is: ATU Fransford Coops.
2.	The name and address of the registered agent and office is: Health
	(NAME) 9/3> NW //4 St. (P.O. BOX NOT ACCEPTABLE)
	Mialean Janders FL 33018
	(CITY/STATE/ZIP)
	SIGNATURE Corporate officer)
	DATE 7/2/2000 SER
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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

DATE