Y00000084902

TRANSMITTAL LETTER

Department of State Division of Corporations P.0. Box 6327 Tallahassee, FL 32314

SE STATE OF THE SECOND 80000338 -09/05/00

SUBJECT: Raíces de Muertito Heaven, Inc.

******78.75

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

П \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: _	Ana C. Oquendo, MD, PA	
	Name (Printed or typed)	
_	4849 Queen Palm Ter.	
_	Address	
_	St. Petersburg, Fl 33703	
	City. State & Zip	
	727-323-7901	<u> </u>
	Daytime Telephone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I *NAME*

The name of the corporation shall be:

Raices de Muertito Heaven, Inc.

PRINCIPAL OFFICE

The principal place of business/mailing address is:

4849 Queen Palm Ter. St. Petersburg, Fl 33703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1,000

INITIAL OFFICERS/DIRECTORS (optional) ARTICLE V

The name(s) and address(es):

REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

Ana C. Oquendo, MD, PA 4849 Queen Palm Ter. St. Petersburg, Fl 33703

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Ana C. Oquendo, MD, PA 4849 Queen Palm Ter. St. Petersburg, Fl 33703

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Date

SECIEL S AM II: 04
LLAHASSEE, FLORIOA