TRANSMITTAL LETTER

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

SUBJECT:	THE JADE CA	ABINET NOTE NAME - MUST INC	C.	<del>_</del>	
Produced to			900003410 -09/29/00 *****78.75	01093015	
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	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM:		ASTRO			
	1758 SW 2	<b>71</b> /			
	MIAMI, FL City, S	33145 state & Zip			
	(305) 858-3	837 lephone 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:  THE JADE CABINET, INC.  ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 1758 SW 23 ST
MIAMI, FL 33145
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
TRADITIONAL ORIENTAL MEDICINE CONSULTATION AND SERVICE
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s) and address(es):  ADRIAN CASTRO  1758 SW 23 ST  MIAMI, FL 33145
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:  ADRIAN CASTRO
1758 SW 23 ST
MIAMI, FL 33145
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:  ADRIAN CASTRO
1758 SW 235T
MIAMI, FL 33145
**************************************
Adrian Cartn 9-22-00
Signature/Registered Agent Date
Adl : Cot

Signature/Incorporator