TRANSMITTAL LETTER Department of State Division of Corporations TRANSMITTAL LETTER

P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: NEW CONCEPT OF WHOLE SALE, INC. (Proposed corporate name - must include suffix)				
600003422176—6 -10/12/0001008001 ****175.00 *****87.50 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 CO		
FROM:	Name (Pr	HMO OD ·		*
	Sulte \$ 1010 A City,	M SPRINGS Address LTAMONTE SPR State & Zip 24 0 elephone number		PECT:

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

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:

NEW CONCEPT OF WHOLE SALE, INC.

ARTICLE II PRINCIPAL OFFICE

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

TINU DR. 375, PALM SPRINGS ALTAMONTE SPRINGS FL 32701

ARTICLE III SHARES

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

THOUSAND SHARES OF COMMON STOCKS OF PAR VALUE.

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

TARIQ / MAHMOOD. 375, ALM SPRINGSDR. NAUT. 1010. ALTÁMONTE SPRIKTS FL 32701

INCORPORATOR

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

R. MUGHAC TARIGO 5920 Cun Hwy. #1816. TAMPA FC-33624

Signature/Incorporator

(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

Signature/Registered Agent