POOCOOGLALT TRANSMITTAL LETTER

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

700003421797--9 -10/11/00--01056--022 *****78.75 *****78.75

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	·	
\$70.00	□ \$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of Status	of	
	ADDITIONAL COPY REQUIRED				
FROM:	FROM: Anthony L Powell Name (Printed or typed)				
680 NE 1/9 37 Address					
Biscayne Pari Fl. 33161					
Bis Cay M Park F1. 33161 786-395-4256 Daytime Telephone number					
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				PE PM	
				STATE OF THE PROPERTY OF THE P	
NOTE: Please provide the original and one copy of the articles.					

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FILED ÁRTICLE I NAME 00 OCT 11 PM12: 17 The name of the corporation shall be: Boxers Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 12 14 HUE ARTICLE III The purpose for which the corporation is organized is: the rebil o 10mal (ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es) The name and Florida street address of the registered agent is: ARTICLE VII INCORPORATOR The name and address of the Incorporaton is: 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 Signature/Registered Agent

Date

ARTICLES OF INCORPORATION

Signature/Incorporator

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