TRANSMITTAL LETTER

P00000097104

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

600003424716--7 -10/13/00--01078--011 *****87.50 *****87.50

SUBJECT:

LUSA DISTRIBUTOR CORPORATION INC.

(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

Filing Fee & Certified Copy Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:	LUIS SANDOVAL	
FROM: _	Name (Printed or typed)	
	1300 CCOLLINS AVENUE - SUITE 706	
	Address	
	MIAMI BEACH, FLORIDA 33139	
_	City, State & Zip	
	(305) 913-8105	
_	Daytime Telephone number	i

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

TICLES 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.

The name of the corporation shall be: LUSA DISTRIBUTORS CORPORATION INC.

PRINCIPAL OFFICE

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

1300 COLLINS AVENUE, SUITE 706

MIAMI BEACH, FLORIDA 33139

SHARES ARTICLE III

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

500 STOCK SHARES OF US\$ 1.00 EACH

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LUIS SANDOVAL- PRESIDENT 1300 COLLINS AVENUE, SUITE 706 MIAMI BEACH, FLORIDA 33139

INCORPORATOR

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

SANDOVAL - PRESIDENT 1300 COLLINS AVENUE, SUITE 706 MIAMI BEACH, FLORIDA 33139

09-13-2000

ture/Incorporator SAND@

Date

(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

ture/Registered Agent

09-13-2000.

Date

BEFORE ME IN THIS 13 DAY OF SEPTEMBER SWORN AND SUBSCRIBED 2000.

BONDED THROUGH ADVANTAGE NOTARY

ANTONIO T. ROCHA-NOTARY MIB