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

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	TRANSFER, INC.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Proposed corporate n	ame - must include suff	ix)	
Enclosed is an origin	of and one (1) so	ny of the articles of	incorporation	and a check
for:	al aild one (1) 50	by of the distordent		1
\$70.00	× \$78.75	\$122.50	\$131.25	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
,		Additional Copy	Required	
FROM		H GRAHAM (printed or typed)		
	9610 SV	7 191ST TERRACE Address		FIL OI MAR 12 SECRETAR TALLAHASS
	MIAMI	FLORIDA 33157		FILED R 12 AM TARY OF HASSEE!
	Cit	ty, State & Zip		
	(305)25	59-0772		8: 03
	Dautime	Telephone number		္က ယ

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

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TLW TRANSFER, INC.



ARTICLE II PRINCIPAL OFFICE

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

9610 SW 191ST TERRACE, MIAMI, FLORIDA 33157

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED (500) SHARES @ US\$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

WILLIAM H. GRAHAM 9610 SW 191ST TERRACE MIAMI, FL 33157

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM H. GRAHAM 9610 SW 191ST TERRACE MIAMI, FLORIDA 33157

The undersigned incorporat	or(s) has/have) executed these Art	ticles of Incorporation thi
5th day of MAI	1cH. ,10 2001	<u>.</u>
(An additional article must b	e added if an effective date is requ	iested.)
K	it III	
	Signature	W.H.G
	Signature	-
	Signature	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1.	The name of the corporation is: TLW TRANSFER, INC.
	:
2.	The name and address of the registered agent and office is:
	WILLIAM H. GRAHAM (NAME) WILLIAM H. GRAHAM (NAME)
	9610 SW 191ST TERRACE (P.O. Box of Mail Drop Box NOT ACCEPTABLE)
	MIAMI, FLORIDA 33157 (CITY/STATE/ZIP)

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.

W.H.G

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314