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TRANSMITTAL LETTER

FILED
01 APR -2 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: LIAT ZIPRIS, Inc.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 18.75.

500003943745--9
-04/02/01--01122--011
*****78.75 *****78.75

FROM:

LIAT ZIPRIS
Name (printed or typed)
500 Bayview Drive #1626
Address
Sunny Isles, FL 33160
City, State, & Zip
1-305-772-5428
Telephone Number

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

CB4-5

ARTICLES OF INCORPORATION

OF

LIAT ZIPRIS, Inc.

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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: LIAT ZIPRIS, Inc.

ARTICLE II PRINCIPAL OFFICE

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

500 Bayview Drive #1626
Sunny Isles, FL 33160

ARTICLE III SHARES

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

100 SHARES (No Par Value)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LIAT ZIPRIS
500 Bayview Drive #1626
Sunny Isles, FL 33160

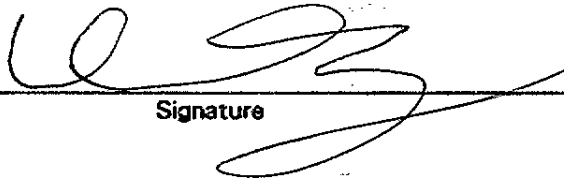
ARTICLE V INCORPORATOR(S)

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

LIAT ZIPRIS, President, Sec'y-Treas, Director, Org./Incorp.
500 Bayview Drive #1626
Sunny Isles, FL 33160

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7 day of FEBRUARY, 192001.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: LIAT ZIPRIS, INC.

2. The name and address of the registered agent and office is:

LIAT ZIPRIS
(Name)
500 BAYVIEW DRIVE #1606
(P.O. Box NOT acceptable)
SUNNY ISLES, FL. 33160
(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.

SIGNATURE

DATE

[Signature]
02/07/01

REGISTERED AGENT FILING FEE: \$35.00

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TALLAHASSEE, FLORIDA

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