

LAZARUS CORPORATE	FILING	SERVICE
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(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #1

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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OFFICE USE ONLY

CORPORATION NAME(S)	&	DOCUMENT	NUMBI	ER(S)	(if known):
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1		NonProfit
		Limited Liability
		Domestication
		Other

AMENDMENTS
 Amendment
Resignation of R.A., Officer/Director
 Change of Registered Agent
Dissolution/Withdrawal
 Merger

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OTHER FILNGS
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Examiner's Initials

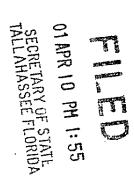
ARTICLES OF INCORPORATION

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:

ADELFHA CORP.



ARTICLE II - PRINCIPAL OFFICE

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

POBOX 940621 Miami FL 33194

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARTURO SOSA .
13430 SW 16 LANE
MIAMI, FL 33175

ARTICLE V - INCORPORATOR

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

ARTURO SOSA 13430 SW16LANE MIAMI, FL 33175

The undersigned incorporator has executed these Articles of Incorporation this 9 day of 42 200

Signature

ARTICLE VI- DIRECTOR(S)

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

ARTURO SOSA (President) 13430 SULLGLANE MIAMI FL 33175

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED O

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature