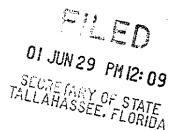
. 100065737 TRANSMITTAL LETTER



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

SUBJECT:	Specialty Needs And Products, 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	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	

FROM:	Dave Lamarre Name (Printed or typed)	, , , , , , , , , , , , , , , , , , ,
	6645 Brookhurst Circle Address	<u></u>
	Lake Worth, Florida 33463 City, State & Zip	
	(954) 410-2436 Daytime Telephone number	

NO1-13456

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



June 12, 2001

DAVE LAMARRE 6645 BROOKHURST CIRCLE LAKE WORTH, FL 33463

SUBJECT: SPECIALTY PRODUCTS & SERVICES, INC.

Ref. Number: W01000013456

NeedS & Products, INC.

We have received your document for SPECIALTY PRODUCTS & SERVICES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6052.

Doris Brown Document Specialist New Filings Section

Letter Number: 201A00036109

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Specialty Needs and Products, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6645 Brookhurst Circle Lake Worth, Fl 33463

<u>ARTICLE III ___ PURPOSE</u>

The purpose for which the corporation is organized is:

Resale of goods

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Dave Lamarre

7824 Sonoma Springs Circle, Apt 309

Lake Worth, Fl 33463

Jose L. Saavedra 11875 SW 19 Ln #161 Miami, Fl 33175

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jose 1. Saavedra 11875 SW 19 Ln. # 161 Miami, Fl 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dave Lamarre

6645 Brookhurst Circle

lake Worth, Fl 33463

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

Signature/Incorporator

 $\frac{06/28/01}{\text{Date}}$