TRANSMITTAL LETTER

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

400004464294--6 -07/09/01--01066--010 *****78.50 ******78.50

SUBJECT:	CLEAMONE LIQUORS, INC.					
	(Proposed corporate name - must include suffix)					
Enclosed is an o	riginal and on	ne (1) copy of the articles of incorporation and a check for :				
X	\$78.50	\$122.50				
	Filing Fee 8	& Certificate Filing Fee & Certified Copy				
		TAI S				
		LL AN JU				
_		TAR Character SS				
ŀ	FROM :	Abao Choefati	4			
		Name				
		16212 Marshfield Dr.				
		Street Address				
		Tampa Florida 33624				
		City, State & zip				
		(072) 0 (0) (000				
		(813) 960 - 4033 Daytime Phone Number				
		Dayunke Flione Rumber				

T. Burch JUL 1 2 2001

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

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:

CLEAMONE LIQUORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

16212 Marshfield Dr. Tampa Florida 33624

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstandind at any one time is (100) one hundred shares of one dollar (\$1.00) par value common stock, which shall be designated "COMMON STOCK".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Abdo Choefati 16212 Marshfield Dr. Tampa Florida 33624



ARTICLE V INCORPORATOR(S)

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

Abdo Choefati 16212 Marshfield Dr. Tampa Florida 33624

President

Paul Nicolas 9225 Sunflower Dr Tampa Florida 33647

Vice Pres.

i ne undersigi	ned incorporator	(s) has (have) e	xecuted these Articles of Incorp	oration this
2nd	day of _	July	2001	
			1.	
	(x 19V)	Signatu	ure	
	_ alun	O. fueda	2	
		Signatu	ure	
		Signatu	ure	

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 : CLEAMONE LIQU	name of the corporation is : CLEAMONE LIQUORS, INC.				
2.	The name and address of the registered agent and office is :					
	Abdo Choefati	O1 JUL . SECRETV				
	(Name)	ASSEE F				
	16212 Marshfield Dr.					
	(P.O.BOX "not" accepted)	31K 12				
	Tampa Florida 33624	guette.				
	(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 the 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.

July 2, 2001

Date