POLOCOBIOTO TRANSMITTAL LETTER

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

400004531184--8 -08/13/01--01126--802 *****87.50 *****87.50

A & A WALLCOVERINGS, 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 \$78.75 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FRANK VAZQUEZ FROM: Name (Printed or typed) 9350 JAMAICA DR. Address

MIAMI, FL. 33189

(305) 297-2085

IN AUG 13 AM 9: 14
SECRETARY OF STATE
ANASSEE FLORINA

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

City, State & Zip

Daytime Telephone number

X 8/17/01

ARTICLES OF INCORPORATION

FILED

2001 AUG 13 AM 9: 14

SEUNE MAY OF STATE TALLAHASSEE FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

A&A WALLCOVERINGS, INC.

ARTICLE II PRINCIPAL OFFICE

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

9350 JAMAICA DR. MIAMI, FL. 33189

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

FRANK VAZQUEZ 9350 JAMAICA DR MIAMI,FL. 33189

ARTICLE V INCORPORATOR

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

FRANK VAZQUEZ 9350 JAMAICA DR. MIAMI, FL. 33189

Signature/Incorporator

7-30-01

Date

(An additional article must be added if an effective date is requested.)

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/Registered A cont

7-30-01

Date