TRANSMITTAL LETTER

P01000008995L

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

| SUBJECT: | HEMAPA J R (PROPOSED CORPORA) | INC. TE NAME – <u>MUST INCLU</u> | -09/10/01- *****78.79 DE SUFFIX) | -01126002 5 *****78.75 |
|-------------------------|--|--|--|---------------------------|
| Enclosed are an orig | ginal and one (1) copy of the arti | cles of incorporation and | a check for: | |
| ☐ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| FROM: | | FERRIGNY Printed or typed) | | , ÷ |
| - | Winni | 144 et ddress F | TASE S | |
| - | 305- 609 | State & Zip | CRETARY C | |
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NOTE: Please provide the original and one copy of the articles.

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Article I: Name

HEMAPAJR, Inc.

Article II: Principal Office and mailing address

• 5054 sw 144 ct Miami Fl 33175

Article III: Purpose

• The purpose of HEMAPAJR, Inc. is to provide maintenance, installation and services of home satellites on site for digital cable tv services.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Article IV: Shares

• The number of shares of stock authorized is 10,000 shares

Article V: Initial Officers/Directors

Hely Saul Ferrigny – 5054 sw 144 ct Miami FL 33175 - President

Article VI: Initial registered agent and sreet address

Jose Cruz- 8231 sw 96 pl Miami FL 33173

Article VII: Incorporator

Jose Cruz – 8231 sw 96 pl Miami FL 33173

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| Having been named as registered agent to accept service of process for the certificate. I am familiar with and accept the appointment of process for the | above stated corporation at the place designated in this |
| certificate, I am familiar with and accept the appointment as registered agen | t and agree to act in this capacity |
| _ pre A Crus | 9/5/01 |
| Signature/Registered Agent | Date |
| Jose A. Crus | a/e/al |
| Signature/Incorporator | Date |