TRANSMITTAL LETTER CCC 0/04

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

SUBJECT:

WESLEY'S CLEANERS, 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 XX\$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: WESLEY'S CLEANERS, INC.

Name (Printed or typed)

3846 CURRY FORD RD

800004794268 -01/24/02--01054--008

Address

ORLANDO, FL 32806

City, State & Zip

(407)896-7113

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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:

WESLEY'S CLEANERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4484 SOUTH SEMORAN BLVD ORLANDO, FL 32822

ARTICLE III SHARES

The number of shares of stocks that this corporation is authorized to have outstanding at any one time is: 10,000 shares at a par value of \$ 1.00 ea

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ELBA RODRIGUEZ

4267 S. SEMORAN BLVD APT 19

ORLANDO, FL 32822

ARTICLE V INCORPORATOR

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

ELBA RODRIGUEZ, President 4267 S. SEMORAN BLVD APT 19 ORLANDO, FL 32822

- X 1/20 (/ 15die

(An additional article must be added if and 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 Agent

Date

D2 JAN 24 AM 10: 59
SECKETARY OF STATE
SECKETARY OF STATE