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TRANSMITTAL LETTER

FILED SECRETARY OF STATE TALLAMASSES, FLORIDA

02 HAY 22 PM 2: 52

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

600005597016--8 -05/22/02--01024--010 *****87.50 *****87.50

SUBJECT: CYCLE ANGELS, INC.

Dear Sir or Madam:

Please find enclosed for filing one original and one copy of the Articles of Incorporation. Also enclosed is a check in the amount \$87.50 for the filing fee, certified copy and certificate of status.

Please return to:

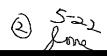
CYCLE ANGELS INC

C/O E. RAE SCHIFFER - Registered Agent & Incorporator

POBOX 95

ASTOR, FL 32102

NOTE: The original and one copy of the articles are enclosed.



ARTICLES OF INCORPORATION

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

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

_02 MAY 22 PM 2: 52

The name of the Corporation shall be: CYCLE ANGELS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation is: 168 S BRACH ST in DAYTONA BEACH FL 32176.

The mailing address for all legal correspondence is: P O BOX 95 in ASTOR, FL 32102.

ARTICLE III PURPOSE

This corporation was established as a professional profit corporation.

ARTICLE IV SHARES

The aggregate number of shares which the Corporation has authority to issue 1,000 shares of common stock with no par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS

MONROE D. DEPREE

E. RAE SCHIFFER

PRESIDENT/DIRECTOR

VICE PRESIDENT/DIRECTOR

65 SETON TRAIL

P O BOX 95

ORMOND BEACH, FL 32176

ASTOR, FL 32102

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the initial registered agent and office of the Corporation is: E. RAE SCHIFFER located at: 168 SOUTH BRACH STREET in DAYTONA BEACH, FL 32176.

ARTICLE VII INCORPORATOR

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

E. RAE SCHIFFER located at: 168 SOUTH BRACH STREET in DAYTONA BEACH, FL 32176.

Having been named as registered agent to accept service 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) E. RAE SCHIFFER Registered Agent

5-10-02 Date

5-10-02

(SIGNATURE) E. RAE SCHIFFER -Inforporator

Date