TRANSMITTAL LETTER

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

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-06/10/020102 *****78.75 **	***78.75

SUBJECT:

ALLE-NORA, 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

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3 \$78.75

Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: RUBAB SHAH

Name (Printed or typed)

15899 N. W. 4th Ct.

Address

Pembroke Pines, FI 33028

City, State & Zip

954-430-8937

Daytime Telephone number

02 JUN 10 MM 9: 56

RETARY OF STATE

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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:

ALLE-NORA, INC.

ARTICLE II PRINCIPAL OFFICE

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

15899 N. W. 4th Ct. Pembroke Pines, Fl 33028

ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES AT ONE DOLLAR (\$1.00) PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RUBAB SHAH 15899 N. W. 4th Ct. Pembroke Pines, Fl 33028

ARTICLE V INCORPORATOR

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

RUBAB SHAH - V.P. 15800 N. W. 4th St. Pembroke Pines, Fl 33028 QURAT-UL-AIN MANSOOR - Pres. 15899 N. W. 4th Ct. Pembroke Pines, Fl 33028

X ROB SAPH
Signature/Incorporator

5/31/02 Date

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 Agent

5/31/02

Date