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TRANSMITAL LETTER

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

Telephone Number

100005919571--8 -06/24/02--01035--007 ******70.00 ******70.00

SUBJECT: Mayra Enterprises, Inc..

I enclose an original and $\underline{1}$ copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$70.00.

FROM:

Mayra Ortiz

Name

2002 N. Lois Ave Ste. 140

Address

Tampa, FL 33607

City State Zip
813-966-3169

ARTICLES OF INCORPORATION OF

MAYRA ENTERPRISES, INC.

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

ARTICLE I — NAME

The name of the corporation shall be:

MAYRA ENTERPRISES, INC.

ARTICLE II — PRINCIPAL OFFICE

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

2002 N. Lois Ave. Ste. 140 Tampa, FL 33607

ARTICLE III — CAPITAL STOCK

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

1000

ARTICLE IV — INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Mayra Ortiz 2002 N. Lois Ave Ste.140 Tampa, FL 33607

ARTICLE V — INCORPORATOR

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

Mayra Ortiz 2002 N. Lois Ave Ste.140 Tampa, FL 33607

ARTICLE VI — EFFECTIVE DATE

Pursuant to section 607.0123 of the Florida Statutes, the effective date of this document shall be:

ACTUAL DATE FILED

The undersigned has executed the Articles of Incorporation this 18th day of June 2002.

Certificate of Designation

Registered Agent/Registered Office

Pursuant to the provisions of section 607.0501, Florida Statues, the undersigned corporations, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

MAYRA ENTERPRISES, INC.

2. The name and address of the registered agent and office is:

Mayra Ortiz 2002 N. Lois Ave. Ste. 140 Tampa, FL 33607

| Signature | Mayra D. Ortiz | , FL 08 |
|-----------|----------------|---------|
| Title: | Incoporator | |
| Date: | 6/18/02 | |

HAVING BEEN NAMED AS REGISTERED AGENT AND NOT 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: | Tamagl. | Ortis | |
|------------|---------|-------|--|
| Date: | 6/18/02 | | |