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TRANSMITTAL LETTER

FILED
02 AUG 12 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

100007045431--8
-08/12/02--01025--017
*****70.00 *****70.00

SUBJECT: SUSHI TEIEN, INC.

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$70.00

FROM: SUSHI TEIEN, INC.
913 LEMON ROAD
S. DAYTONA
FLORIDA, 32119

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

ARTICLE I - NAME

THE NAME OF THIS CORPORATION SHALL BE:

SUSHI TEIEN, INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

913 LEMON ROAD

S. DAYTONA, FL 32119

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS

60, NO PAR

ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)
TO THESE ARTICLES OF INCORPORATION IS (ARE):

PATRICK L. SCALI
913 LEMON ROAD
S. DAYTONA, FL 32119

FELICIA IVEY
913 LEMON ROAD
S. DAYTONA, FL 32119

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THE 25TH DAY OF
JULY 2002.

SIGNATURE:  PRESIDENT

SIGNATURE:  V.P.

SIGNATURE: _____

SIGNATURE: _____

ARTICLE IV - REGISTERED AGENT

CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

SUSHI TEIEN, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

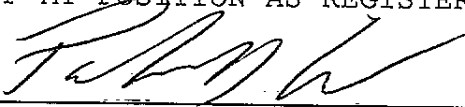
NAME: _____ PATRICK L. SCALI

ADDRESS: _____ 913 LEMON ROAD

CITY/STATE: _____ S. DAYTONA, FL 32119

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: *



DATE: 7/25/2002

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