

TRANSMITTLE LETTER

Department of State
Division of Corporations
P.O. Box 1327
Tallahassee, FL 32314

P02000100934

Subject:

The Extra Person, Inc

Enclosed are an original and one (1) copy of the articles of incorporation and a check in the amount of \$70.00 for the filing fees.

From: CLO Enterprises
Carlos L Obregón
8100 SW 19 ST
Miami, FL 33155

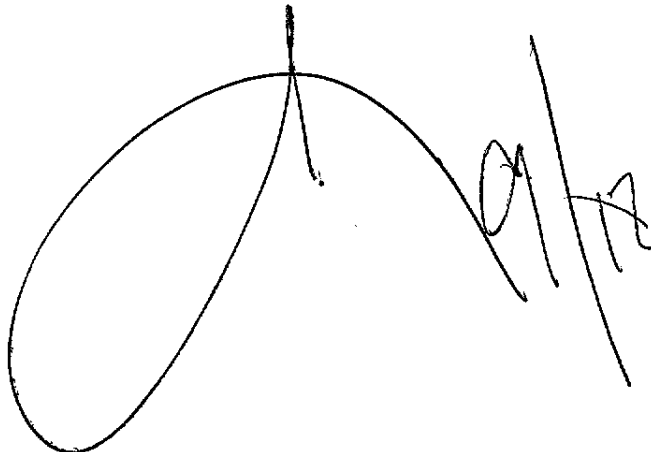
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Should you have further questions, please call me at, (305) 775-3362.

Sincerely,



Carlos L. Obregón



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02 SEP 17 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

The Extra Person, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of the corporation shall be:

**14609 Temple Blvd.
Loxahatchee, FL 33470**

ARTICLE III SHARES

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

100 - (One hundred)

ARTICLE IV INITIAL REGISTERED AGENT

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

**Carlos L Obregón
8100 SW 19 ST
Miami, FL 33155**

ARTICLE V INCORPORATOR

The names and address of the incorporators to these Articles of Incorporation are:

**Colinda C. Davis-Ross
14609 Temple Blvd.
Loxahatchee, FL 33470**

ARTICLE VI OFFICERS

The initial officers of this corporation is/are:

President: Colinda C. Davis-Ross

ARTICLE VII DATE OF INCORPORATION

The existence of the corporation shall commence as of:

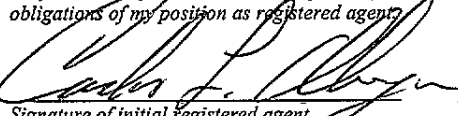
Date of this filing


Signature of Incorporator

Date:

8-30-02

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 of initial registered agent

Date:

8/29/02

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SECRETARY OF STATE
TALLAHASSEE FLORIDA