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TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200008095642-6 -09/30/02-01030-015 *****78.75 ******78.75

SUBJECT: We	ealmun, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	ÜDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation and	I a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Herman A. Muniz	Printed or typed)	···
	3056 Timpana Point		
	Longwood, FL 32779	ddress	
	407-805-9151	State & Zip	
n,	Daytime Te	elephone number	_
Muny TION BY PHONE TO	GAVE NOTE: Please provide the or	iginal and one copy of	the articles

B10/3

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Wealmun, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

3056 Timpana Point Longwood, FL 32779

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

Any lawful purpose related to real estate development

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Herman A. Muniz, President 3056 Timpana Point Longwood, FL 32779

REGISTERED AGENT ARTICLE VI

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

Herman A. Muniz 3056 Timpana Point Longwood, FL 32779

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Herman A. Muniz 3056 Timpana Point Longwood, FL 32779

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I pm familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator