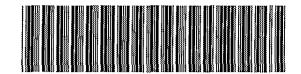
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status
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TALLAHASSEE FLORIDA

LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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CORPORATION NA	ME(s) & DOCUME	ENT NUMBER(S) (if known):	
SHOMA	TRAVEL	INC.	
(Corpore	ation Name)	(Document #)	
(Corpora	stion Name)	(Document #)	
3.	,	(Southern,	
	etion Name)	(Document #)	
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	ation Name)	(Document #)	
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NonProfit	Resig	gnation of R.A., Officer/Director	
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Domestication			

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	Fictitious Name	
	Name Reservation	

REGISTRATION/ QUALIFICATION
 Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

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ARTICLES OF INCORPORATION

2002 DEC -2 PM 3: 07

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

ARTICLE I - NAME

The name of the corporation shall be:

SHOMA TRAVEL INC

ARTICLE II - PRINCIPAL OFFICE

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

11890 SW 89T Soit #201. Miami FL 33184.

ARTICLE III -SHARES

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

100.

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Beatriz MARTINEZ. 11890 SW 85T Swit #201: MiAMI FL 33184.

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ARTICLE V - INCORPORATOR

TÄLLAHÄSSEE FLORIDA

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

BEATRIZ MARTINEZ (PRESIden 11890 GW 85T Suit #201 MIAMI FL 33184.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature