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(Business Entity Name)

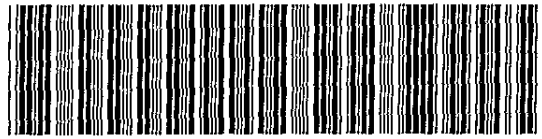
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TRANSMITTAL LETTER

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

SUBJECT: Latin Quarter Consulting Group, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dennis Rosa-Re
Name (Printed or typed)

4047 NW 89 Way
Address

Cooper City, FL 33024
City, State & Zip

954-442-1805
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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:

Latin Quarter Consulting Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4047 NW 89 Way
Cooper City, FL. 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Spa

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares at \$1.00 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Dennis Rosa-Re, Director
4047 NW 89 Way
Cooper City, FL. 33024

ARTICLE VI REGISTERED AGENT

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

Dennis Rosa-Re
4047 N.W. 89 Way
Cooper City, FL. 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dennis Rosa-Re
4047 NW 89 Way
Cooper City, FL. 33024

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

Dennis Rosa-Re

Signature/Registered Agent

12/26/02

Date

Dennis Rosa-Re

Signature/Incorporator

12/26/02

Date