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(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

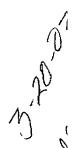




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TRANSMITTAL LETTER

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

Enclo	osed are an origi	inal and one (1) copy of the ar	ticles of incorporation and	d 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 DPY REQUIRED
	FROM: _	leida Martinez	e (Printed or typed)	
	-	P.O. Box 61230	Address	
		Miami, Fl. 3320	, State & Zip	
		(205) 112-79(1	7	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
A.M. 312, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1347 NE 116 ST. #1 Miami, F1. 33161/P.O. Box 612305 Miami, F1. 33261
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Professional Corporation ARTICLE IV SHARES
ARTICLE IV SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) 5000
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The namc(s), address(cs) and title(s): Aleida Martinez 1347 NE 116 ST. # Miami, Fl. 33161 President
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Aleida Martinez 1347 NE 116 ST. # Miami, F1. 33161
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Aleida Martinez 1347 NE 116 ST. #1 Miami, F1. 33161

Aloida Madray Signature/Registered Agent Date
Aloida Martinu 3-11-03 Signature/Incorporator Date