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(Requestor's Name)

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(City/State/Zip/Phone #)

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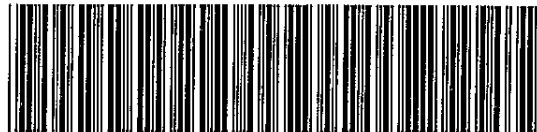
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Transmittal Letter

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

Subject: Best Bet Services, Inc.
(Proposed corporate name- must include suffix)

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

X \$122.50 Filing Fee and a Certified Copy

From: Miriam Quiros-Laso
(Name)
444 Southwest 64th Court
(Address)
Miami, Florida 33144
(City/State/Zip)
305-262-0778
(Daytime Telephone Number)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation
Of

Best Bet Services, Inc.

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

Article I Name

The name of the corporation shall be:

Best Bet Services, Inc.

Article II Principal Office

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

444 Southwest 64th Court
Miami, Florida 33144

Article III Shares

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

100 Shares of Common Stock at \$1.00 per value.

Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Miriam F. Quiros-Laso
444 Southwest 64th Court
Miami, Florida 33144

Article V Incorporator(s)

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

Miriam F. Quiros-Laso
444 Southwest 64th Court
Miami, Florida 33144

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
11th day of March, 2003.


(Signature)

Articles of Incorporation
Filing Fee -\$35.00

Certificate of Designation of Registered Agent/ Registered Office

Pursuant to the provisions of section 607.05012 or 617-0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Best Bet Services, Inc.
2. The name and address of the registered agent and office is:

Miriam F. Quiros-Laso
(Name)
444 Southwest 64th Court.
(Address)
Miami, Florida 33144
(City/ State/ Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as the registered agent and to accept services 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)

Division of Corporations, P.O. Box 6327, Tallahassee, Florida.