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TRANSMITTAL LETTER

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$78.75 **□** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM:

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)
ARTICLE I NAME The name of the corporation shall be: CASIND SAMING CONSWITANT INC.
The principal place of business/mailing address is: 601 LYONS ROAD Stute I-9 COCONUT CREEK FLa 33073 ARTICLE III PURPOSE The purpose for which the corporation is organized is:
ARTICLE IV SHARES The number of shares of stock is: /OO
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): (LOVE IN A SERVER OF A DESCRIPTION TO THE TOP
GOT LYONS ROAD. Dute I-9 COCONUT CREEK FLA 33073 <u>ARTICLE VI REGISTERED AGENT</u> The <u>name and Florida street address</u> of the registered agent is:
alen Hade BAY BLVP. apr 2816 CORAL = Prings FL 33076.
The name and address of the Incorporator is: ALAN HADE 11311 HERON BAY BLVD APP 2816

Signature/Registered Agent Date 4-7-03
Signature/Incorporator Date