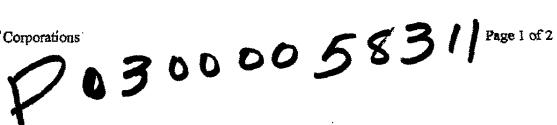
Division of Corporations



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Fax Number : (850)205-0381

from:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

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ALPHA MONEY TRANSFERS, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 27, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: ALPEA MONEY TRANSFERS, INC.

REF: W03000014909

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Wanda Cunningham Document Specialist New Filings Section FAX Aud. #: H03000200580 Letter Number: 603A00033174

ARTICLES OF INCORPORATION

ALPHA WITE TRANSFERS, INC.

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

ARTICLE I NAME

The name of the corporation shall be: ALPHA Wire TRANSFERS, INC.

The principal piace of business of this corporation shall be: 633 SW, 12th. Ave. 1st. floor, Miami, Florida, 33130.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawfulactivities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 all of which shall be common shares (\$1.00) per value each.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually,

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are);

MIGUEL E. RODRIGUEZ PRESIDENT 114 Mondoza Ave. Apt. 35, Coral Gables, Pl. 33134.

Prepared by: CASTILLO & ASSOCIATES, INC. 542 Sw. 12th. Ave. Ste. 5 Miami, Fl., 33130 (305) 649-3403

ARTICLE VI INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MIGUEL E. RODRIGUEZ

114 Mendoza Ave. Apt. 35 Coral Gables, Fl., 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has[have] executed these Articles of Incorporation this 23th. day of May, 2003.

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: ALPHA WIRE TRANSFERS, INC.	,
2. The name and address of the registered agent and office is:	
MIGUEL E. RODRIGUEZ - 114 Mendoza Ave. Apt. 35	_
(P.O. BOX NOT ACCEPTABLE) Coral Gables, Fl., 33134	SECRETARY TALLAHASSE 03 MAY 28
(CITY/STATE/ZIP)	N 28
SIGNATUREX Miguel & Roy	PM B. 22
TITLE PRESIDENT	*****
DATE MAY 23rd., 2003	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES,

SIGNATURE

MAY 23rd., 2003