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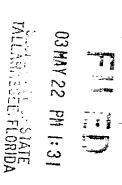
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TRANSMITTAL LETTER

Department of State

Division of Corporations P. O. Box 6327 Taliahassee, FL 32314 SUBJECT: Authentic Cuban Inc.
(Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$122.50 \$131.25 \$70.00 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: ___ Master Tax Service, Inc Name (Printed or typed)

Address

City, State & Zip

407 896-7113

Daytime Telephone number

3846 Curry Ford Rd

Orlando, Fl 32806

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:

Authentic Cuban Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5089 Stratemoyor Dr Orlando Fl, 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sandwish Shop

ARTICLE IV SHARES

The number of shares of stock is:

10,000 Shares at 1.00 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Ramon Alfonso 5089 Stratemoyor dr Orlando Fl, 32809

Ailen Fonseca (Vice President) 5089 Stratemoyor Dr

³²⁸⁰⁹ REGISTERED AGENT

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

Ramon Alfonso 5089 Stratemoyor Dr Orlando F1, 32809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ramon Alfonso 5089 Stratmoyor Dr Orlando F1, 32809

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

(President)

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporat