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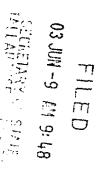
(Requestor's Name)				
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TRANSMITTAL LETTER

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

SUBJECT: 2B	Unlimited Inc.			
	(PROPOSED CORPOR	IATE NAME – <u>MUST INCL</u>	UDE SUFFEX)	
enclosed are an orig	inal and one (1) copy of the a	rticles of incorporation and	d a check for:	
\$70.00	2 \$78.75	□ \$78.75	□ \$87.5ō	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	continue of parties	at common copy	& Certificate of	
		ADDITIONAL CO	Status DV DECLIDED	
		ADDITIONAL CC	OF I REQUIRED	
FROM:	Toby T Brooks			
	Nan	ne (Printed or typed)		
	P.O. Box 15384			
-		Address		
	Plantation, FL 33318			
	City, State & Zip			
	954-465-7186			
-	Daytime	Telephone number		

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)

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is: 2B UNLIMITED INC.

Article II

The principal place of business address is: 9401 NW 15th Street PLANTATION, FL 33322

The mailing address of the corporation is: P.O. BOX 15384 PLANTATION, FL 33318

Article III

The purpose for which this corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

Article IV

The number of shares the corporation is authorized to issue is: 100

Article V

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

TOBY T BROOKS 9401 NW 15th STREET PLANTATION, FL 33322

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered agent signature: Toly Brooks

Article VI

The name and address of the incorporator is:

TOBY T BROOKS 9401 NW 15th STREET PLANTATION, FL 33322

Incorporator Signature: Toly Brooks

SECRETARY OF STATE