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(Re	equestor's Name)	
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TRANSMITTAL LETTER

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

SUBJECT:		Q'10 n Cox ate name - must include sum	Doyation	
Enclosed is an original a	and one(1) copy of the articles	of incorporation and a cl	heck for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: Fariba Azari Name (Printed or typed)				
{8	297 Belhwe Addres	n Dr.		
	Mando FC City, State	32828 & Zip		
	321- 276- Daytime Telepho	57// one number		

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

ARTICLES OF INCORPORATION

OBMAY 30 PM STO The undersigned incorporators for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

ARTICLE I NAME

The name of the Corporation shall be:

ALANIS DION CORPORATION

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

> 897 Belhaven Dr. Orlando, Fl 32828

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares

ARTICLE IV REGISTERED AGENT

The name and address of the initial registered agent is:

Fariba Azari 897 Belhaven Dr. Orlando, Fl 32828

ARTICLE V INCORPORATOR / OFFICER

The names of and street address of the incorporators to these Articles of Incorporation are:

Fariba Azari - P 897 Belhaven Dr. Orlando, Fl 32828

ARTICLE V EFFECTIVE DATE

The effective date of the incorporation is June 1, 2003.

The undersigned incorporators have executed these Articles of Incorporation this 24 day of ______, 2003

Fariba Azari

State of Florida County of Orange

Subscribed before me, on this 24 day of 404, 2003 in Orlando, Florida, by Mrs. Fariba Azari, personally known.

DIGNA L. MONTANEZ
MY COMMISSION # DD 034657

GF EXPIRES: June 17, 2005
1-900-3-NOTARY FL Notery Service & Bonding, Inc.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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	e name of the corporation isALANIS DION CORPORATION_
2. The	e name and address of the registered agent and office is:
	Fariba Azari
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)
	Ollando, FC 32828 (CITY/STATE/ZIP)

Having been named as registered agent and to accept service 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.