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Special Instructions to I	Filing Officer:	

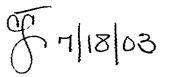
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TRANSMITTAL LETTER

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

TALLAHASSEE FLORIDA

Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	STEVE HOWAR	(Printed or typed)	
10828 LONDON STREET Address			
	Sopu City, Fl.	State & Zip	
	957 347 1212 Daytime To	elephone 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) NAME The name of the corporation shall be: STAT VINEYARDS INCORPORATED ARTICLE I ARTICLE II PRINCIPAL OFFICE 10821 LONDON ST Cooper City Fl 33026 The principal place of business/mailing address is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: SALES ARTICLE IV SHARES The number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): STEVE HOWARY - President / Transvy 10820 LOWDON ST Cooper Cony - pe 33026 TAMAYA HOWAN) - VP 10820 CONDON ST Coopen any Fr 33126 REGISTERED AGENT The name and Florida street address of the registered agent is: STEVE HOWARD 10220 LONDON ST Orupor ciny, Fl 33026 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: STEVE 10820 LONDON ST Cooper City FL 33026 Having been named as registered agent to tileept service of process for the above stated corporation at the place designated in this

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

Signature/Registered Agent

Signature/Incorporator