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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	9 #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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8/15/

TRANSMITTAL LETTER

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

SUBJECT: Ma	ster Baiter Apparel Inc.				
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUITEIX)		
Enclosed are an or	iginal and one (1) copy of the arti	icles of incornoration and	a check for		
inclosed the an ox	ightal and one (1) copy of the ara	icles of meorposition and	a check for.		
\$70.00	□ \$78.75	\$78.75	፟\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
J	& Certificate of Status	& Certified Copy	Certified Copy		
		}	& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Eloina Alvarez		مان مان المنافي		
110141.	Name	(Printed or typed)			
	7401 sw 132pl.		* -		
Address					
	Miami, Fl 33183				
	City,	State & Zip			
	(786)277-8960	. 12	•		
	Daytime T	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)

ARTICLE I NAME

• The name of the corporation shall be:

Master Baiter Apparel Inc.

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GEUNETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7401 sw 132pl. Miami, Fl 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all lawful activies or business permitted under the laws of the United States and the State of Flordia.

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares of common stock with a par value of \$1.00 per share. The stock of the corporation shall be issued for such consideration as may be determined by the Board of Directors but not less than par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Eloina Alvarez, President 7401 sw 132pl. Miami, Fl 33183

ARTICLE VI REGISTERED AGENT

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

Eloina Alvarez 7401 sw 132pl. Miami, Fl 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eloina Alvarez 7401 sw 132pl. Miami, Fl 33183

Having been named as registered agent to accept 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

My COMMISSION # DD206297 EXPIRES
April 28, 2007

Date

Signature/Incorporator

SONDED THRU TROY FAIN INSURANCE, INC.

Date

Marks C. Catthoria B My Commission # DD206227 Expires pp April 28, 2007 Bonded thru troy fain insurance inc

SUBSCRIBEL AND SWORN BEFORE ME
THIS BAY OF DUCUST 7007
BY CITED A CURRENT A 416-700-67
SIDENTIFICATION C COMMUNICATION
WAS IT TO COMMUNICATION