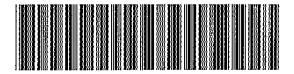
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		

Office Use Only



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# TRANSMITTAL LETTER

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

SUBJECT:	O.D.S. WORLDWIE (PROPOSED CORPORA	DE, INC TENAME- <u>MUSTINCL</u>	ude sueex)	
Enclosed is an origina	il and one(1) copy of the artic	les 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:	FATIMA PEREZ			
	Name (Printed or typed)  852 COTTON BAY #510  Address  WEST PALM BEACH, FL 33406  City, State & Zip			
	(561)681-6956 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)

### ARTICLE I NAME

The name of the corporation shall be:

O.D.S. WORLDWIDE, INC

FILED

03 SEP -4 AM 3: 27

SECHELMEN OF STATE TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

852 COTTON BAY WEST PALM BEACH, FL 33406

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

### ARTICLE IV SHARES

The number of shares of stock is:

200 SHARES AT NON PAR VALUE

# ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

FATIMA PEREZ 852 COTTON BAY #510 WEST PALM BEACH, FL 33406

### ARTICLE VI REGISTERED AGENT

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

HELE PEREZ 21604 CASA DEL MONTE CT BOCA RATON, FL 33433

### ARTICLE VII <u>INCORPORATOR</u>

The name and address of the Incorporator is:

HELY PEREZ 21604 CASA DEL MONTE CT BOCA RATON, FL 33433

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date 8/ 27/03

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Signature/Incorporator