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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247

Phone : (305) 674-3313

Fax Number : (305) 675-2811

FLORIDA PROFIT CORPORATION OR P.A.

WHITE GLOVES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing

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FAX NO. :

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TALLAHASSEE, FLORIDA

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: WHITE GLOVES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3119 SPRING GLEN ROAD #108
JACKSONVILLE, FLORIDA 32207

ARTICLE IR PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1500 COMMON SHARES PAR VALUE \$.10

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

Director and President

VLADIMIR PLASA 3119 SPRING GLEN ROAD #108 JACKSONVILLE, FLORIDA 32207 Feb 13 04 06:49p A1A

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PAGE 2 WHITE GLOVES INC.

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ARTICLE VI REGISTERED AGENT

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

FAX NO. :

VLADIMIR PLASA 3119 SPRING GLEN ROAD #198 JACKSONVILLE, FLORIDA 32207

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is: VLADIMIR PLASA 3119 SPRING GLEN ROAD #108 JACKSONVILLE, FLORIDA 32207

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.

VLADIMIR PLASA /Registered Agent

Date

VLADIMIR PLASA Incorporator

Date