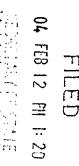
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TRANSMITTAL LETTER

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

SUBJECT:			NC
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Gilficolo M. ARCS Name (Printed or typed)		
1224 Sassow ACP			
Od Condo Fla 32503 City, State & Zip			
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) <u>ARTICLE I NAME</u> The name of the corporation shall be: GIFREDO M. ARES IUC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1224 Sasoon Ave ORL- Fla. 32803 The purpose for which the corporation is organized is: Engage in any business Activity allowed Under the State of Florida rules and regulations ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Gilfredo M. ARES 1224 SASOGN ADP ORL Fla 3250) REGISTERED AGENT The name and Florida street address of the registered agent is: GIFRELO M. ARES 1224 JASOON AUP ORL FG 32503 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 224 SASOON AUR ORL Fla 32803 GilFredo M. ARes 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