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TRANSMITTAL LETTER

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

Subject

MaryJo's Min-Pins Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

\$70.00 Filing Fee

\$78.75
Filing Fee

& Certified Copy

\$78.75 Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

(ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

OZ. IIIN I S. AMITEL 7

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION MaryJo's Min-Pins Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I	NAME		
The name of the Co	rporation shall be: MaryJo's Min-Pins Inc.	20	NIO S
ARTICLE II The principal place	PRINCIPAL OFFICE of business and mailing address of this corporation shall be:	JUN 16	SION OF CO
10063 SW I Miami, Flor		=	TACKAN
ARTICLE III The number of share	SHARES es that this corporation is authorized to have outstanding at any one ti	三 me is: 1500 a	ATICHE ATICHE
\$0.01 par value per	share.		

ARTICLE IV <u>INITIAL DIRECTORS</u>

The name(s) and address(s) of the initial Director(s) is/are:

Elisa Reyes 10063 SW 166 Ct. Miami, Florida 33196

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Elisa Reyes 10063 SW 166 Ct. Miami, Florida 33196

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp 30141 Agoura Rd., Suite 205 Agoura Hills, California 91301

Rollie Calo	6.7-04
Nellie Akalp, Incorporator	Date
Having been named as registered agent and to accept servi	
place designated in this certificate, I hereby accept the app	
capacity. I further agree to comply with the provisions of all	ll statutes relating to the proper and complete

performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date