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(Req	uestor's Name)	70-70-00-0-1-1-1		
(Address)				
(Add	ress)	·		
(City	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Čertificates	s of Status		
Special Instructions to Filing Officer:				





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TRANSMITTAL LETTER

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

SUBJECT:	AMERICAS W	INE CELL,	AR INC.	
Enclosed are an or	iginal and one (1) copy of the artic	cles 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: _	Stephen R.	Fusi or typed		
20185 East Country Club Dr. #T\$3				
	Aventura, Fix,	Z/. 33/8	<u> </u>	
	786-390 - Daytime Te	2 10 9		

NOTE: Please provide the original and one copy of the articles.

Stephen R. Fusillo