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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

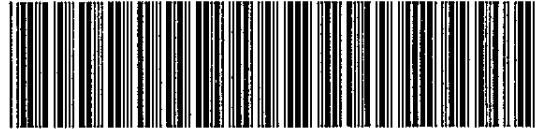
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 AUG 30 PM 2:58
SECRETARY OF STATE
ALABAMA
AND FILED

CB 9.1

TRANSMITTAL LETTER

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

SUBJECT: MACAFE INC
(PROPOSED CORPORATE NAME - MUST INCLUDE 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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DARIO ALVAREZ
Name (Printed or typed)

11821 LewisGreen way
Address

Orlando FL 32824
City, State & Zip

407 376 2911
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
MACAFE, INC.**

THE UNDERSIGNED INCORPORATIONS FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADPOT THE FOLLOWING ARTICLES OF INCORPORATION

AND
FILED
02 AUG 30 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

MACAFE, INC.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF THE BUSINESS AND THE MAILING ADDRESS OF THE CORPORATION SHALL BE:

5454 HOFFNER AV.
Suite 104
ORLANDO, FL 32812

ARTICLE III - PURPOSE

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION. THE MAIN ACTIVITY FOR THE CORPORATION WILL BE TO IMPORT ALL KIND OF COFFEE PRODUCTS FROM COLOMBIA, SALES AND DISTRIBUTION IN THE US.

ARTICLE IV - CAPITAL STOCK - SHARES

THE AGGREGATE NUMBER OF SHARES OF STOCK, AND IT'S PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS:

MAZUERA CARDENAS Y CIA - PRESIDENT FIFTY ONE (51) SHARES OF COMMON STOCK
HAVING A PAR VALUE OF ONE (\$1, 00)
DOLLAR PER SHARE.

ALEJANDRO MAZUERA - VICE PRESIDENT FOURTY NINE (49) SHARE OF COMMON
STOCK HAVING A PAR VALUE OF ONE (\$1.00)
DOLLAR PER SHARE.

ARTICLE V. - OFFICERS AND DIRECTORS

THE NAME AND ADDRESS OF THE INITIAL OFFICER AND DIRECTOR WHO SHALL HOLD THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSORS ARE ELECTED ARE:

ALEJANDRO MAZUERA
15520 TANAGER PARK WAY
LITHIA, FL 33547

LUZ STELLA CARDENAS
15520 TANAGER PARK WAY
LITHIA, FL 33547

ARTICLE VI - REGISTERED AGENT

THE NAME AND ADDRESS OF THE AGENT IS

ALEJANDRO MAZUERA
5454 HOFFNER AV.
Suite 104
ORLANDO, FL 32812

ARTICLE VII. - INCORPORATORS

THE NAME AND STREET ADDRESS OF THESE CORPORATORS TO THESE ARTICLES OF INCORPORATION ARE:

ALEJANDRO MAZUERA
15520 TANAGER PARK WAY
LITHIA, FL 33547

LUZ STELLA CARDENAS
15520 TANAGER PARK WAY
LITHIA, FL 33547


IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THESE ARTICLES OF INCORPORATIONS AT THIS _____ DAY OF _____, 2004

[Handwritten Signature]
x
SIGNATURE

[Handwritten Signature]
SIGNATURE

**STATE OF FLORIDA
ORANGE COUNTY**

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO BEFORE ME THIS 26 DAY OF August, 2004

[Handwritten Signature]

Juan Fernando Ramis
Commission #DD242887
Expires: Aug 19, 2007
Bonded Thru
Atlantic Bonding Co., Inc.
NOTARY PUBLIC, STATE OF FLORIDA

**CERTIFICATE/DESIGNATIONS
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE REQUIREMENTS OF SECTION 607-034 AND 607-325 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.- MACAFE, INC
5454 HOFFNER AV.
Suite 104
ORLANDO, FL 32812

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT & OFFICE IS:

ALEJANDRO MAZUERA
15520 TANAGER PARK WAY.
LITHIA, FL 33547

TITLE: REGISTERED AGENT

[Handwritten Signature]
x
SIGNATURE OF CORPORATE OFFICER

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVES TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES OBLIGATIONS OT THE ABOVE MENTIONED FLORIDA STATUTES.

[Handwritten Signature]
x
SIGNATURE

DATE 08 / 26 / 2004