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TRANSMITTAL LETTER

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

ECT: INGLE	S SOBRE RUEDAS, INC. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
ed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	l
□ \$70.00	☑ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
		ADDITIONAL CO	& Certificate of Status PERFOURED	
FROM:	MIGUEL A. SCOTTI			
•	Name	e (Printed or typed)		
	13155 SW 29TH ST.			1,40
	Address			04 OCT
	MIRAMAR, FL 33027			្វា
	City, State & Zip			FH
	954-322-3847			3: 15
	Daytime Telephone number			נט

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)

ARTICLE I NAME

The name of the corporation shall be:

INGLES SOBRE RUEDAS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 13155 SW 29TH ST. MIRAMAR, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL PRE-RECORDED AUDIO CASSETTE, COMPACT DISC, LASER DISCS AND PRINTED PUBLICATIONS, BOOKLETS IN THE FIELD OF ENGLISH LANGUAGE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MIGUEL A. SCOTTI - PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MIGUEL A. SCOTTI 13155 SW 29TH ST. MIRAMAR, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAME AS ABNE MICE MICE TE 33027

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

Srporator

MIGUEL ANGEL Santi

04/28/04

Date

04 OCT -5 PH 3: I