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TRANSMITTAL LETTER

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

SUBJECT:	SIENNA ENTERPRISES CORP. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
	(PROPOSED CORPORA	IE NAME – <u>MUSI INCL</u>	<u>ude suffix</u>)
Enclosed are an orig	inal 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	& Certificate o Status
FROM:	ALFREDO ROJAS Name (Printed or typed)		
	P.O. BOX 347138 Address		
	CORAL GABLES, FL 33134 City, State & Zip		
-		60 - 5457 elephone 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)

ARTICLE I NAME

The name of the corporation shall be:

SIENNA ENTERPRISES CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Address: 11200 NW 20 Street Miami, FL 33172 Mailing Address: P.O. Box 347138

Coral Gables, FL 33234



The purpose for which the corporation is organized is:

Retail

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares @ \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alfredo Rojas - President & Secretary Alejandro Valinas - Vice President Richard Little - Vice President Keith Betancourt - Vice President Priscilla Bradshaw - Vice President

ARTICLE VI REGISTERED AGENT

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

Alfredo Rojas 11200 NW 20 Street Miami, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alfredo Rojas 11200 NW 20 Street Miami, FL 33172

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***************	**********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered age	
All In	
Signature/Registered Agent	Date
Sel Vasa	09/29/04
kionature/Incorporator	Date