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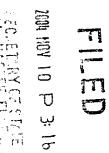
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(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

Re: Multistriction + Consulting, Inc. (Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Claire H. Jean Gilles 35.

MultiServices Distribution of Consulting, Inc

MAILING ADDRESS OF CORPORATION —
7624 FAIRWAY Blud
'
MIRAMAR, FC. 33023
PHONE (786) 267 486/ Area Code Number Ext.
Area Code Number Ext.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ______shares of common stock, par value \$ _______per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
1624 FAIRWAY Blud		
CITY MIROMAR	FLORIDA F.	ZIP 33023
Mailing address, if different		
STREET ADDRESS	£m€	
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

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

NAME CLAIRE A.	JEANGILLES	
ADDRESS 7624 FAIRWAY	Blvd	
CITY MIRAMAR	FLORIDA F	. zip 33023
		,

ARTJGLE VII - INIT	IAL BOARD OF DIRECTORS	
This corporation shall have() directors initially. The r	number of directors may be
either increased or diminished from time to time by the By	-Laws, but shall never be less than o	ne (1). The names and
addresses of the initial director(s) of the corporation are as	follows:	
NAME RUTH FRANÇOI	5	
ADDRESS 7624 FAIRWAY BIVO		
	330 STATE FC.	ZIP 33023
NAME Peterson François		
, — · · · · · · · · · · · · · · · · · ·	'vd	
CITY MIRAMAR	STATE FZ.	ZIP 33023
NAME Antoine JADOTTE		
ADDRESS 32321 Coerl Ride	E DRIVE	
CITY CORAL SPRINGS	STATE FC.	ZIP 3306T
,	II - INCORPORATORS	
The names and addresses of the incorporators signing thes	e Articles of Incorporation are as follows	lows:
NAME RUTH FRANCOIS		
ADDRESS 7624 FAIRWAY !	31vd	
CITY MIRKMAN	STATE FC.	ZIP 33023
NAME PETERSON FRAM	UCOIS	
ADDRESS 7624 FAIRWAY	Blvd	
CITY MIRAM AR	STATE F.	ZIP 33023
NAME Dr. HARRY-HANG FR.	ANCORS	
ADDRESS 7624 FRIRWAY	Blvd	
CITY MiRAMAR	STATE FC.	ZIP 33033
The undersigned incorporator(s) have executed these	Articles of Incorporation this	8 th
day of November	<u>,29004</u> .	
	Suth Francis, B5	AS (Signature)
	Heursh A.	(Signature)
	Seterson Francois, &	(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE REG

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office

as	indicated in the Articles of Inco	rporation		
at _	1624 FAIRWAY	Boule	EVAKD	
	MiRAMAR	FL.	33023	
has	s named ClAIRE AR	mele .	TEANGILLE	

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.