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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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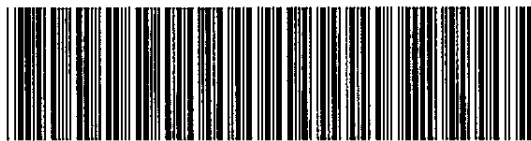
(Business Entity Name)

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Director's Name

15 Alhambra Circle #200

City

Oral Gables, FL 33134

State

ZIP

Phone

305.442.4804

CORPORATION(S) NAME

Transatlantic Investments Corporation



Empire Toll Free: 1-800-432-3028



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Profit

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() Reservation

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CERTIFIED COPY

ARTICLES OF INCORPORATION

compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

RASATLANTIC INVESTMENTS CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3421 BLATT BOULEVARD, APARTMENT 104
ESTON, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VESTMENTS

ARTICLE IV SHARES

The number of shares of stock is:

SEVEN THOUSAND FIVE HUNDRED (7,500) COMMON SHARES, \$1 PAR VALUE EACH.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RIEL ESPINOSA
DIRECTOR, PRESIDENT, TREASURER AND SECRETARY

ARTICLE VI REGISTERED AGENT

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

RIEL ESPINOSA
3421 BLATT BOULEVARD, APT. 104
ESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RIEL ESPINOSA
3421 BLATT BOULEVARD, APT. 104
ESTON, FL 33326

I, the undersigned, 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

12/06/04
Date

Signature/Incorporator

12/06/04
Date

