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TRANSMITTAL LETTER

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

SUBJECT: GP Controllers, Inc.							
(Proposed corporate name - must include suffix)							
•							
•							
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:							
, ,							
\$70.00	\$78.75	\$18.75	\$87.50				
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,				
	Certificate of Status	& Certified Copy	Certified Copy & Certificate				
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		ADDITIONAL COPY REQUIRED					
		I					
FROM: Ramon Keyes							
Name (Printed of typed)							
Space DA A							
Address							
1							
	Haleah	FL 33012					
City, State & Zip							

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose	of forming a corporation unde	er the Florida Business	Corporation Act, her	eby adopts the
following Articles of Incorporation.				

ARTICLE I NAME
The name of the corporation shall be:

GP CONTROLLERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

237 E. 3rd ST. #4 HIALEAH, FL. 33010

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

GUILERMO H. PEREZ

237 E. 3rd ST. APT. 4 HIALEAH, FL. 33010

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT/ SECRETARY GUILLERMO H. PEREZ

237 E. 3rd ST. APT. 4 HIALEAH, FL. 33010

01/22/05
Signaruje/Incorporator Date

(An additional article must be added if an effective date is requested.)

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.

Signature/Registered agent Date