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TRANSMITTAL LETTER

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

SUBJECT: Good R	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ŪDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	-1	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Ma	artin F. Rodriguez	e (Printed or typed)			
	Lyanite	e (Frinted or typed)			>
	7270 NW 12 St #300				7 7
Address					FILED
	Miami, FL. 33126				. G
	City	, State & Zip		20 O	
	305-599-7660			5m W	
	Daytime '	Telephone 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:

Good Roots, Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7270 NW 12 ST Suite 300 Miami, FL. 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Disburstment account.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Martin F. Rodríguez, President 10331 SW 27 St Miami, FL. 33165 Pedro E. Vila, VICE PERSIDENT 13392 NW 7 TE Miami, FL. 33182

ARTICLE VI REGISTERED AGENT

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

Martin F. Rodriguez 7270 NW 12 St Suite 300 Miami, FL. 33126

ARTICLE VII __INCORPORATOR

The name and address of the Incorporator is:

Martin F. Rodriguez 7270 NW 12 St #300 Miami, FL, 33126

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

Signature/Incorporato

3-22-05

3-22-05

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