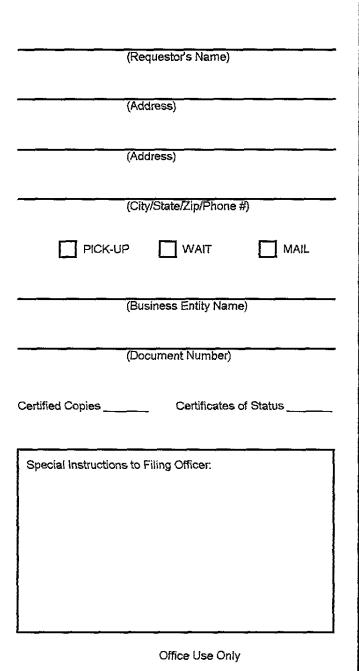
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SECRITARY OF STATE OF VISION OF STATE O

B. McKnight MAY 1 0 2005

TRANSMITTAL LETTER

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

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SUBJECT: Wolphin, Inc.	
(PROPOSED CORPOR	ATE NAME — MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the a	rticles of incorporation and a check for:
\$70,00 \$78,75 Filing Fee & Certificate of Status	□ \$78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Yatti Wasserman Name (Printed or typed)	
4401 Coco Plum Waly	
Detroy Beach, A. 33445 City, State & Zip	
SQL-350-7124 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) The name of the corporation shall be: wolphin, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: The purpose for which the corporation is organized is: 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): ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: 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/Incorporator