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TRANSMITTAL LETTER

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

SUBJECT: S	ERRATO & ASOCI			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUIRED	
FROM:	NORMA SEI	22ATO (Printed or typed)		
	164 24 SW	67 TERR	ACE	
	MIANI , FLO	Address		
	(305) 528			
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)	FILED			
The name of the cornoration shall be: SERRATO C ASSCIA VO	MAY 23 AM 9: 12 RETARY OF STATE AHASSEE, FLORIC			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 16424 Sw 67 T MIANI, FLORIDA	ERRACE, 33193			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: (ONSULTING				
ARTICLE IV SHARES The number of shares of stock is: 100 SHARES NON PAR	YALUE			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): NORMA, SERRATO 16424 SW 67 TERRA MIAMI, FL, 33193 PRESIDENT	3cE			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: NORMA SERRATO 16424 5W 67 TERRACE WIAMI, FLORIDA, 33193				
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: NORMA SERRATO 164 24 5W 67 TERRI MIAMI, FLORIDA 33				

x flagetta feugli Signature/Registered Agent Dat	te			
Signature/Incorporator Da				