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TRANSMITTAL LETTER

DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

SUBJECT:

MIGUN OF WESTON CORP.

(PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION AND A CHECK FOR \$ 78.75.

FROM:

RICHARD L. RIESENBERG

ACCOUNTANT

644 E. HALLANDALE BEACH BOULEVARD

HALLANDALE BEACH, FL 33009

954-458-5514

ARTICLES OF INCORPORATION OF

FILED

05 MAY 31 PM 3: 08

SECRETAL OF STATE
TALLAHASSEE STATE

MIGUN OF WESTON CORP

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE #1 NAME OF THE CORPORATION

MIGUN OF WESTON CORP

ARTICLE #2 PRINCIPAL OFFICE OF THE CORPORATION

C/O DELGADO, 218 S. 12TH AVENUE, HOLLYWOOD, FL 33019

ARTICLE #3 NUMBER OF SHARES

1000 COMMON

ARTICLE #4 INITIAL REGISTERED AGENT FOR THE CORPORATION

JAVIER DELGADO, 218 S. 12TH AVENUE, HOLLYWOOD, FL 33019

ARTICLE #5 INCORPORATOR(S)

JAVIER DELGADO, 218 S. 12TH AVENUE, HOLLYWOOD, FL 33019

ARTICLE # 6 INITIAL OFFICERS AND DIRECTOR(S)

JAVIER DELGADO, 218 S. 12TH AVENUE, HOLLYWOOD, FL 33019 PRESIDENT, SECRETARY AND DIRECTOR

THE UNDERSIGNED OFFICER HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS _______ DAY

MAY 2005

July .

05 MAY 31 PH 3: 0

CERTIFICATE OF DESIGNATION REGISTERED AGENT AND REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, UNDER THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED AGENT AND THE REGISTERED OFFICE OF THE CORPORATION IN THE STATE OF FLORIDA.

- 1. NAME OF CORPORATION: MIGUN OF WESTON CORP
- 2. NAME AND ADDRESS OF RESIDENT AGENT:

JAVIER DELGADO 218 S. 12TH AVENUE HOLLYWOOD, FL 33019

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

JAMEN OFTGADO

PRINTED NAME

15 May 05

DATE