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(Document Number)				
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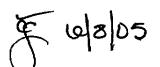
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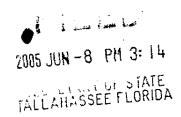
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2005 JUN -8 PH 3: 14



TRANSMITTAL LETTER

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



SUBJECT: ALM	I CORP. (PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$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 REQUIRED
	CADALLVACOUEZ		<u>, 1946, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949, 1949</u>
FROM:	SARAH VASQUEZ Name (Printed or typed)		
	1 (ante	(Timed of typea)	
	911 MICHIGAN AVE APT#1		<u>-</u>
		Address	
	MIAMI BEACH, FLORIDA 3313		
	City,	, State & Zip	
	305-534-4207		
	Daytime Telephone number		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State 2005 JUN -8 PH 3: 14
TALLAHASSEE FLORIDA

May 27, 2005

SARAH VASQUEZ 911 MICHIGAN AVENUE APT. #1 MIAMI BEACH, FL 33139

SUBJECT: ALMI CORP. Ref. Number: W05000026586

We have received your document for ALMI CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director.

Please list the registered agents name and the incorporators address.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Letter Number: 105A00038112

Claretha Golden Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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:

3SC CORP.



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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 911 MICHIGAN AVE #1, MIAMI BEACH, FLORIDA 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MEDICAL TRANSCRIPTION, TRANSPORTATION, TYPING ALL KIND OF DOCUMENTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SARAH VASQUEZ 911 MICHIGAN AVE #1, MIAMI BEACH, FLORIDA 33139, PRESIDENT

ARTICLE VI REGISTERED AGENT

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

SARAH VASQUEZ 911 MICHIGAN AVE #1, MIAMI BEACH, FLORIDA 33139

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SARAH VASQUEZ 911 MICHIGAN AVE #1, MIAMI BEACH, FLORIDA 33139

**************************************	**************************************
Constitution with the accept the appointment as registered ag	en una agree wat in ins capacity
South Chaques	06/06/2005
Signature/Registered Agent	Date
Sarah Vasansa	06/06/2005
Signature/Incorporator	Date