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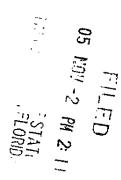
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COVER LETTER

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

SUBJECT:	GONIFRE PROPOSED CORPORA	CO TE NAME - MUST INCI	LIDE SHEELY)
Enclosed are an orig	ginal and one (1) copy of the artic		
\$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
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	ARL ANN	Address F(3282) State & Zip	
	Daytime To	72 - 0775 elephone 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: GONIFRE W
ARTICLE III PRINCIPAL OFFICE The principal place of business/mailing address is: 3336 S SEMORAN BULL HIS ORLANDO, FL 328224 NOTE ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFIT
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): NIXON RHAU PRESIDENT 3336 S SEMORAN BLUD #T ORL FL 32822
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 3336 S. SEMORAN BLUD #J NIXON RHAD ORL FL 32822
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: NIXON RHAU
3336 S SEMORAN BWD, #5 ORLANDO FL 32522

Signature/Incorporator 10-78-05 Date 10-78-05 Date