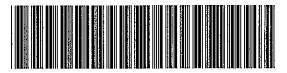
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SECRETARY OF STATE

COVER LETTER

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

SUBJECT: KELTREX INC		
	TE NAME – <u>MUST INCL</u>	
Enclosed are an original and one (1) copy of the arti \$70.00 \$\subseteq\$	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: REINALDO F ALFONSO) (Printed or typed)	
11517 SW 64TH STR	EET UNIT B Address	
MIAMI,FL.33173 -4775) , State & Zip	
305-776-0814	Felephone 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

ARTICLE I NAME

The name of the corporation shall be:

KELTREX INC

2005 NOV 17 PM 3: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11517 SW 64TH STREET UNIT B MIAMI, FL. 33173-4775

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1000 OF \$1.00 VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: REINALDO ALFONSO 11517 SW 64TH STREET UNIT B MIAMI FL.33173-4775

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

REINALDO F ALFONSO 11517 SW 64TH STREET UNIT B MIAMI FL.33173-4775

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 OF THE REGISTERED AGENT & INCORPORATOR

11/13/2005

Date