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COVER LETTER

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

SUBJECT: THE HESSEN ATLANTIC CORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the article	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Stephanie Link-Quijada	(Printed or typed)	
11172 Laurel Walk Roa	I C Address	
Wellington, FL 33467	State & Zip	
(561) 541-1538 Daytime To	elephone number	

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

ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE I NAME

CORPORATION

CORPO

The principal place of business/mailing address is:

P.O. BOX 510 PALM BEACH, FL 33480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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):

STEPHANIE LINK-QUIJADA (P) P.O. BOX 510 PALM BEACH, FL 33480

MAURICIO J. QUIJADA (VP)

P.O. BOX 510

PALM BEACH, FL 33480

ARTICLE VI REGISTERED AGENT

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

STEPHANIE LINK-QUIJADA 11172 LAUREL WALK ROAD WELLINGTON, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEPHANIE LINK- QUIJADA 11172 LAUREL WALK ROAD WELLINGTON, FL 33467

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		
S. St- Orilanda	11-30-05	
Signature/Registered Agent	Date	
8. I-h- United	11-30-05	
Signature/Incorporator	Date	