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(Requestor's	Name)	
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. PICK-UP W	/AIT MAIL	
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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12/26/06-01015-014 **78.75



COVER LETTER

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

Enclosed are an original and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	
FROM: ARCELY PENICHET	e (Printed or typed)	
1375 NW 97 AVENUE	BAY 12 Address	
MIAMI, FL. 33172	, State & Zip	
305-715-9760 E.J.	3/2 Telephone number	

SUBJECT: KOVER IT SOLUTIONS CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

KOVER IT SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1375 NW 97 AVENUE BAY # 12 MIAMI, FL. 33172-2855121

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS IN THE UNITED STATES AND ABROAD

<u>ARTICLE IV</u> SHARES

The number of shares of stock is:

ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GABRIEL CONTI 1375 NW 97 AVENUE BAY # 12, MIAMI, FL. 33172-2855121 JORGE LAURITA 1375 NW 97 AVENUE BAY # 12, MIAMI, FL. 33172-2855121

ARTICLE VI REGISTERED AGENT

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

ARCELY PENICHET

1375 NW 97 AVENUE BAY # 12, MIAMI, FL. 33172-2855121

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

ARCELY PENICHET

1375 NW 97 AVENUE BAY # 12, MIAMI, FL. 33172-2855121