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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):			
PAUFIC ATLAN (Corporation Name)	Tie Suppliers -		
2. ENTENDUSES (Corporation Name)	S (PASE) LW (Document #)		
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(Corporation Name)	(Document #)		
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OTHER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other		
CP2E021(7/07)	Examiner's Initials		

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

<u>ARTICLE I - NAME</u>

THE NAME OF THE CORPORATION SHALL BE:

PACIFIC ATLANTIC SUPPLIERS-ENTERPRISES INC.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

14469 S.W. 50 ST. M/AMI, FL 33175

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

PAUL 5070MAYOR 1446 9 S.W. 5057. MIAMI, FL. 33175

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR ARTICLES OF INCORPORATION IS:	TO THESE
PAUL SOTOMAYOR 14469 S.W. SO ST.	ALCON MAN TO THE REAL PROPERTY OF THE PERTY
M/AM/ FL. 33/75 THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE	ABTICI ESCA
OF INCORPORATION THIS SE DAY OF JANUARY 2009	ARTICLES
Paul De-age	
SIGNATURE	

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

ARLENY-SOTOMAYOR PRESIDENT

PHOLA SOTOMAYOR TREASIRY/SECRETARY

14469 S.W. SO ST.

MIXMI, FL 33175

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE