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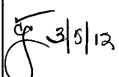


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COVER LETTER

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

SUBJECT: Miracle Water Bio Solutions, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **1**\$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Harry Shechter Name (Printed or typed) 2525 Ponce De Len Blvd Suite 1040 Address Coral Gables, Fl. 33134 City, State & Zip PM 3: 55 305-776-8723 Daytime Telephone number hankshechter@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

rilleu SECRETARY OF STATE ARTICLE I NAME Miracle Water Bio Solutions, Inc. The name of the corporation shall be: 12 MAR -7 PM 3: 55 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 2525 Ponce De Leon Blvd Suite 1040 Coral Gables, Fl. 33134 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Retail Sales -ARTICLE IV SHARES The number of shares of stock is:10,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Harry Shechter, P/VP/T/S Name and Title: 2525 Ponce De Leon Blvd Address: Address: Suite 1040 Coral Gables Fl 33134 Name and Title: Name and Title: Address: Address: Name and Title: _____ Name and Title: Address: _____ Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Harry Shechter Address: 2525 Ponce De Leon Blvd, Suite 1040 Coral Gables, FL 33134 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Name: Harry Shechter Address: 2525 Ponce De Leon Blvd, Suite 1040 Coral Gables, FL, 33134 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator