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TRANSMITTAL LETTER

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Maria Company

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

#05/22/95~-01101~-017 -05/22/95~-01101~-017 -++++122.50 ++++122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$122.50 \$70.00 \$78.75 \$131.25 Filing Fee, Certified Copy Filing Fee Filing Fee Filing Fee & Certificate & Certified Copy & Certificate Additional Copy Required FROM: 1020 Maccasin Run Rd Address Oviedo, F1 32765 City, State & Zip (407) 366-1711

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

ARTICLES OF INCORPORATION $g_5 = \frac{\int_{-1}^{\infty} \int_{-1}^{\infty} \frac{1}{2\pi} \int_{-1}^{\infty} \frac{1}{2\pi}$

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.

ARTICLE I NAME

The name of the corporation shall be:

Caribbean Experience Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1011 Lockwood Blud Unit#

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Richard Fleischmann 1020 Moccasin Run Pd Oviedo, Fl 32765

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Richard Fleischmann President 1020 Moccasin Run Rd Oviedo, Fl 32765

Deborah thrine Vice - President 1020 Moccusin Run Rd Oviedo, Fl 32765

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of May , 19 95.

Block Slignature

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation	is: <u>Caribbean Experie</u>	nce Inc.
2. The name and address of the	he registered agent and office is:	
Rich	hard Fleischmann	
1020	P.O. Box or Mail Drop Box NOT ACCEPTABLE)	_ 2
_Ovie	edo, F/ 32765 (CITY/STATE/ZIP)	

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ruhl Sluha 5/14/95 (SIGNATURE) (DATE)