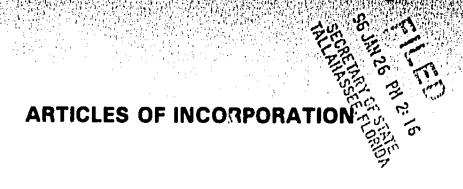
P960000946 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 1 DDDD 1 699251 -01/26/96--01057--019 +++++78.75

SUBJECT: WRAP N MAIL, Inc. (Proposed corporate name - must include suffix)								
Enclosed is an original for : \$70.00 Filing Fee	and one (1) cop \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	Incorporation and \$131.25 Filing Fee, Certified Copy & Certificate	d a check				
FROM:	Name	nand Bhik (printed or typed)						
	2254 Aloma Avenue							
	Winter Hark, FL 32192 /2/06							
City, State & Zip 1/30/10 407-740-5544								
Daytime Telephone number								

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



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:

WRAP N MAIL, INC.

ARTICLE II PRINCIPAL OFFICE

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

2254 Aloma Avenue Winter Park, FL 32792

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5.000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Permanand Bhikha 2254 Aloma Avenue Winter Park, Fl. 32792

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorpora-

Sabrina Bhikha 2254 Aloma Avenue Winter Park FL 32792

Permanand Bhikha 2254 Aloma Avenue Winter Park, FL, 32792

tion is(are):

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
twenty-fifth day of January 19910.
A.B.C
Signature Signature
Signature

Articles of Incorporation Filing Fee - \$35

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGN NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OFFICE/REGISTERED AGENT.

I. The name of the corporation is:	WRAP	Ν	HAIL,	Inc.			
-			-				
2. The name and address of the registered agent and office is:							

Permanand Bhikha
(Name)

2254 Aloma Ruenue
(P.O. Box not acceptable)

Winler Park, PL 32192
(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.

(Signature)

(Date)