TRANSMITTAL LETTER



SUBJECT:	SoBe Smoke, In	nc . orate name - must include suff	fix)
	(,		0000206964 -01/28/9701038 *****78.75 ***
Enclosed is an original a	nd one(1) copy of the artic	cles of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	
FROM:	20 Island Av	e, Apt. #904	AN 27 PM 1: 21 AHASSEE FLORIDA
	Miami Beach, City, St	F1. 33139 atc & Zip	
	(305) 531 - Daytime Tele	3606 ephone number	

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

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.

ARTICLE I NAME

The name of the corporation shall be:

SoBe Smoke, Inc.

97 JAN 27 PH 1: 21
SECRETARY OF STATE
FALL AHASSEF FI OPINA

ARTICLE II PRINCIPAL OFFICE

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

PO Box 398205 Miami Beach, FL 33239

ARTICLE III SHARES

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

None

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

Rosario Perez 20 Island Ave, Apt #904 Miami Beach, Fl 33139

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):

Rosario Perez 20 Island Ave, Apt. #904 Miami Beach, Fl 33139

The un	dersigned i	ncorporator(s) has	(have) executed thes	e Articles of Incorporation this
22	_ day of _	January	, 19 <u>97</u>	·
(An add	litional artic	ele must be added i	if an effective date is	requested.)
		Tolareis	Cares	
			Signature	
			Signature	
	_		Signature	

Notarization is not required

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	SoBe Smoke, Inc.	
		PO Box 398205, Miami Beach, FL 33239	
2.	The name and address of the regis	-	
	Ro	SECRETARIA	
		(NAME) HH Z	waren
		SECRETARY OF STATE (NAME) Island Ave, Apt.#904 Box or Mail Drop Box NOT ACCEPTABLE) Lami Beach, FL. 33139	T
	M <u>i</u>	Lami Beach, FL. 33139 (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.

Stoderico January 22, 1997
(SIGNATURE) (DATE)