COCOOSASIOT TRANSMITTAL LETTER

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

SUBJECT: LOFE !	ON Wheels Ive	ix)
	•	4000021393240 -04/10/9701070006 ****122.50 ****122.50
Enclosed is an original for: \$70.00 Filing Fee	and one (1) copy of the articles of ir \$78.75 \$122.50 Filing Fee & Filing Fee & Certificate & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
FROM:	Name (printed or typed) 300 SW 107 Are - Address	
	M 64M 1 72A 39 City, State & Zip	
	305-229-8111 or 3 Daytime Telephone number	52-7114 (Beep+ 8

NOTE: Please provide the original and one copy of the articles. $\sqrt{}$

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ARTICLES OF INCORPORATION STATE Of THE SE

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:

LOFEL ON Wheels INC.

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

1,000 (One Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LOEENZO CARDENIS 300 SW 107 Are #202 MIAMI TLA. 33174

ARTICLE V INCORPORATOR(S)

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

LOGENZO CARDENAS 870 NW 132 PLACE MIAMITTE 33182 Felipe ALCALA 2930 NW 12 AA MIAMITTA 33125

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

8 day of A OR 1 , 1997.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF 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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: LOFT ON Wheels Inc.
- 2. The name and address of the registered agent and office is:

(Name)
300 SW 107 Ave #202
(P.O. Box not acceptable)

MAMI FLA 33174
(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) 4/8/97 (Date)