TRANSMITTAL LETTER

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Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 200002204212--9 -06/06/97--01069--024 ****131.25 ****131.25 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Rolando 2361 N.W. 96th Terr. Apt-k Pembroke Pines Fl.
City, State & Zip 433-0298 Daytime Telephone number

F. CHESCER JUN 9 1997

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Santini Distributors, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2361 N.W. 96th Terr. Suite K Pembroke Pines, FL 33024

ARTICLE III SHARES

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

100 shares @ 10.00 dollars.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ROLANDO SANTINI 2361 N.W. 96th Terr. Suite K Pembroke Pines, FL 33024

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Arficles of Incorporation are:

Rolando Santini 2361 N.W. 96th Terr. Suite K Pembroke Pines, FL 33024

Signature / Incorporator

(An additional article must be added if an effective date is requested.)

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 / Registered Agent

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