PA7000056063

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

SUBJECT:	TransCarib, Inc. (Proposed corporate name - must include suffix) 1000222228106/25/9701012-0 ****131.25 *****13				
Enclosed is an original	and one(1) copy of the article	es of incorporation and a	check for :	_	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate		
FROM:	PASCAL D. GAUCHER				
	1020 CRYSTAL WAY,	APT. B, Address			ום
	DELRAY BEACH, FLORIDA 33444 City, State & Zip		97 JUN 25	VISION OF CORP	
	(561) 276-9605		·····	S PH	CORI
	Daytime Telephone number			==	70.

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

6,25.47 6,05

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:

TransCarib, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1020 CRYSTAL WAY, APT. B DELRAY BEACH, FLORIDA 33444

ARTICLE_III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PASCAL GAUCHER 1020 CRYSTAL WAY, APT. B, DELRAY BEACH, FLORIDA 33444

ARTICLE V INCORPORATOR

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

PASCAL GAUCHER 1020 CRYSTAL WAY. APT. B DELRAY BEACH, FLORIDA 33444

Signature/Incorporator

6/23/97

(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 agreeistered agent

Signature/Registered Agent

Date