D9700080784 TRANSMITTAL LETTER

DIVISION OF CORPORATIONS

97 SEP 17 AM 8: 2-

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

SUBJECT:	TIANS, IN			
-	(Proposed co	rporate name - must includ	e suffix)	
			(0000002239) -09/17/97- *****78,79	
Enclosed is an original	and one(1) copy of the article	s 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	PY REQUIRED	
FROM: _	Galhert Estime Name (Printed or typed)			
·	444 Bricke	11 Ave, Suite 51-	221	
	Address			
Miani, P. 33131 City, State & Zip				
-	(305) 235-8240 Daytime Telephone number			

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.

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ARTICLE I NAME

The name of the corporation shall be:

ITANS, INC.

ARTICLE II PRINCIPAL OFFICE

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

21131 NE 2 ave Miami, FL 33179

ARTICLE III SHARES

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

2500 Shakes each having parvalue of \$1,00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

EDDY JOSEPH 21131 NE 2 AVE MIAMI, FL 33179

ARTICLE V INCORPORATOR

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

Gilbert Estime 444 Beickell Ave, Suite 51-221 Mirami, FZ 33131

Signature/Incorporator

9/12/97

Date

(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

9/12/97

Date