TRANSMITTAL LETTER

00087517 Department of State

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

SUBJECT:	Salvador	HERNANDEZ	inc.	
	(Proposed corporate name - must include suffix)			

700002316507--2 -10/09/97--01101--010

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75 Filing Fee

& Certificate

\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fce, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Salvador Hernandez

Name (Printed or typed)

1275 Creek Ave

Address

Oxlando Florida 32825

City, State & Zip

(407) 441 03 27

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.

ARTICLE I NAME
The name of the corporation shall be: Salva dor Hernandez inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:			
1275 Creek Auc Orlando Sl. 32825			
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one to 1000	time is:		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:	ن مرکب		
Salvador Hernandez 1275 creek Ave Orlando 5! 32825	SION O		
ARTICLE V INCORPORATOR	7 7		
The name and address of the incorporator to these Articles of Incorporation are:			
Salvador Hernandez 1275 creek Ave Orlando fl. 32825	OF STARPORA		
Orlando 51. 32825	TIDH!		
Salvador Adrz 9-16-97			
Signature/Incorporator 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 9 - 16 - 97 Pate

Signature/Registered Agent