P800076503

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

600002628596--5 -08/31/98--01063--011 *****78.75 ******78.75

SUBJECT:		Shop Value, Inc.	
j		(Proposed Corporate Name)	
Enclosed is as	nd original	and one (1) copy of the articles of incorporation and a check for	or \$ <u>78,75</u>
	\$70.00	Filing Fee	<u></u>
XX	\$78.75	Filing Fee & Certificate	SECRETARY VISION OF C
	\$122,50	Filing Fee & Certified Copy*	G OFFI
	\$131.25	Filing Fee, Certified Copy & Certificate*	O TOTAL
* Additional Cop	y of Articles	of incorporation is required	OF STATE REPORATIONS
	FROM:	Martin Mendiola Name	
		3282 Riviera Dr. Address	<u></u>
		Coral Gables, FL. 33134 City, State & Zip	
		305-445-2525	
		Daytime Telephone Number	

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

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ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be:

Shop Value, Inc.

PRINCIPAL OFFICE

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

3282 Riviera Dr. Coral Gables, FL. 33134

ARTICLE III SHARES

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

One hundred thousand (100,000) shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Martin Mendiola 3282 Riviera Dr. Coral Gables, FL. 33134

ARTICLE VI <u>INCORPORATOR</u>

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

Martin Mendiola 3282 Riviera Dr. Coral Gables, FL. 33134

Signature / Incorporator

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

mundesle

8-25-98