TRANSMITTAL LETTER

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

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DORCAR INTERNATIONAL CORPORATION

(Proposed corporate name - must include suffix)

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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: DOROTHY BROWN-ALFARO

Name (Printed or typed)

17000 N.W. 67 AVENUE,#402

Address

HIALEAH, FLORIDA 33015

City, State & Zip

305-678-0400

Daytime Telephone number

8 SEP 25 PH 2: 4:

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



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:

DORCAR INTERNATIONAL CORPORATION



ARTICLE II PRINCIPAL OFFICE

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

17000 N.W. 67 AVENUE#402 HIALEAH, FLORIDA 33015

ARTICLE III SHARES

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

50000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DOROTHY BROWN-ALFARO
17000 N.W. 67 AVENUE, #402

HIALEAH, FLORIDA 33015 ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

DOROTHY BROWN-ALFARO 17000 N.W. 67 AVENUE,#402 HIALEAH, FLORIDA 33015

orporator 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 9-22-98

Date