TRANSMITTAL LETTER

DIVISION OF CORPORATIONS
98 DEC 14 PM 12: 45

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 000002712090--5 -12/14/98-01130--008 ******70.00 ******70.00

	sed is an original	and one (1) co	py of the articles o	f incorporation	and a check		
for :	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required			
	FROM:	Name (JAMIE S. PRIGAL Name (printed or typed)				
		643	VISTA ISL	E DR	#1826		
		C	Address	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
			SUNRISE FL 33325				
		Cit	City, State & Zip				
		954	954-382-2554				
		Daytime	Telephone number				

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



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMIE S. PRIGAL
643 VISTA ISLE DR. # 1826
SUNRISE, FL 33325

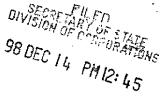
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMIE S. PRIGAL 6+3 VISTA ISLE DR. # 1826 SUNRISE, FL 33325

The undersigned incorporator(s) has(have) executed these Articles of Incorporation th	is
11th day of DEC 1998.	
Leny S Progal	
Signature	
Signature	
Signature	

Articles of Incorporation Filing Fee - \$35



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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The nar	me of the corporation is:_	OUTSIDE	1 HE h	INEI	NC .						
2. The name and address of the registered agent and office is:											
	JAMIE !	S. PRIGA	L								
	643 Vis	(Name)	DR #	- 1826	-						
(P.O. Box or Mail Drop Box NOT acceptable)											
	SUNRISE	, FL 333	<i>15</i>		•						
	,	(City/State/Zip)									

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) |2 |1)