(SAMPLE LETTER OF TRANSMITTAL)

Florida Department of State Division of Corporations P.O. Box 6327	DATE 12-17-1992
Tallahassee, FL 32314	80000272580812/30/9801020007 ****122.50 *****78.79 E W HOLE SALE Inc. For &
	(Name of Corporation) (Name of Corporation) (Name of Corporation)
Gentlemen: Enclosed please find the original and one cocheck in the amount of \$122.50.	ppy of the Articles of Incorporation, together with mix
This represents the cost of the Filing Fees, C Registered Agent Designation for the above	Certified Copy of Articles of Incorporation and Fee for named corporation.
	Very truly yours.
	Michael M. KLEIN
GAVE	ABLE WHOLESALE TUC. (Name of Corporation)
AUTHORIZATION BY PHONE TO CORRECT 12 31 DATE 20	MAILING ADDRESS OF CORPORATION— P.O. Box 7089
DATE EXAM	BOLD RATON FL. 33431

(561)

- PHONE

ARTICLES OF INCORPORATION

of (name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: ABLE WHOLES ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue ________shares of common stock, par value \$ _________ ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS CITY BOCK RATON FLORIDA Mailing address, if different STREET ADDRESS CITY **FLORIDA** ZIP ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME **ADDRESS** CITY **FLORIDA**

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have(Laws, but shall never be less than	number of directors may be one (1). The names and
NAME MICHAEL M	. KLEIN	
NAME MICHAEL MADDRESS 7462 SILVER CITY BOCA RATUN	RIVERDS CO	1D.F
CITY BOCA RATION	STATE T-LOSID	4 ZIP 33438
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME MICHAEL M. ADDRESS 7462 SILVERU CITY BOCA RATON NAME	KLEIN NOUDS COUR STATE FLORER	J ZIP 33433
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these A	Articles of Incorporation this	Q / (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE.

ABLE WHOLESALE TWE.

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.

Jehn Use Tor 12 - 17 - 1998 (Date)