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TRANSMITTAL LETTER

DIVISION OF CONSTRATE

99 JAN -8 AM 10: 52

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

100002734251—7 -01/08/99--01028--004 ******87.50 ******87.50

| SUBJECT: | Me Mosaique, Inc. | | | | | | |
|--|---|------------------|------------------------------------|--|--|--|--|
| (Proposed corporate name - must include suffix) | | | | | | | |
| (French) Translation is My Mosaics, Inc | | | | | | | |
| | | | | | | | |
| | • | | | | | | |
| Enclosed is an original and one(1) copy of the articles of incorporation and a check for: | | | | | | | |
| | _ | | ♠ | | | | |
| □ \$70.00 | □ \$78.75 | □\$78.75 | \$87.50 | | | | |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee | Filing Fee, | | | | |
| | or our invalor of builties | & Certified Copy | Certified Copy & Certificate of | | | | |
| | | | Status | | | | |
| | | ADDITIONAL CO | PY REQUIRED | | | | |
| The contract of the contract o | Cattoria | N 1 a d. | | | | | |
| FROM: | Name (Printed or typed) | | | | | | |
| | | | | | | | |
| | 10023 Twin Lakes Drive | | | | | | |
| | Address | | | | | | |
| | Coxal Carinas El 2222 | | | | | | |
| | Coral Springs, FL 33071 City, State & Zip | | | | | | |
| | | | | | | | |
| | 954-752-8831 | | | | | | |

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

Daytime Telephone number

| ARTICLES O | F | INCORPOR | ATION |
|------------|---|-----------------|-------|
|------------|---|-----------------|-------|

| The undersigned incorporator for the manage of familiary | |
|--|----|
| The undersigned incorporator, for the purpose of forming a corporation under the Floriday Corporation Art. Income. | da |
| Business Corporation Act, hereby adopts the following Articles of Incorporation | |

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|--------------------|----|
| 99 My -8 M SAME | |
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| ".S3 | |

| ARTICLE I | 574 344 |
|-----------|------------|
| ARIILLE (| NAME |
| | * ******** |

The name of the corporation shall be:

Me' Mosaique, Inc

C French words-Translated means my mosaics, -in english

PRINCIPAL OFFICE <u>ARTICLE II</u>

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

10023 Twin Lakes Drive Coral Springs, FL 33071

<u>ARTICLE III</u> **SHARES**

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

100 (One hundred) par value \$1.00 each.

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Catherine Delgado 10023 Twin Lakes Drive Coral Springs PL 33071 INCORPORATOR

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

Catherine Delgado 10023 Twin Lakes Dr. Coral Springs FL 33071

President 51 Shares par value \$1.00 each

alterin M Dilgado
Signature/Incorporator

(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