TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327		90	0001	049	Ŏ	-
Tallahassee, FL 32	314			0000027 5 *****70.	2 <u>-0175-</u> 002 00 *****70.	- 1 00
SUBJECT:	IICOH	INC.	rate name - must include suf		· .	-
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		•				
Enclosed is an origin	nal and one(1) co	py of the article	s of incorporation and a c	heck for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	of Status	□\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
			ADDITIONAL COR	Y REQUIRED		
FROM:	<u> I AN</u>	IGLESIAG Name (Pr	inted or typed)	SEGRET TALLAH	99 FEB	-
	10115	SW 77	DRIVE	ARY (
•		A	ddress	Ty	≩ □	
	MIAMI	FL, 331 City, 9	73 State & Zip	ORIDA	10	Į.,
	305 36	<u>Xo- (o(o97)</u> Daytime Te	lephone number	-	-	

F. CHESSER FEB 3 1999

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

ARTICLES OF INCORPORATION

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:	
프로 B 그	
IICON INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	I
10119 SW 77 DR.	
MIAMI FL, 33173	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
1000 SHARES	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
and I folida succe address of the initial registered agent are:	
IAN IGLESIAS 10115 SW 77 to	
MIAMI FL, 33173	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
IAN IGLESIAS 10115 ON TI DR.	
MIAMI FL, 33173	
1/20 laes	
Signature/Incorporator 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	1/20/98
Confession of Accident Agent	Date