TRANSMITTAL LETTER

P9900013635

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

SUBJECT:	Abracadabra.Com,	Co.		
	(Proposed corpo	rate name - must include suff	fix)	<u> </u>
			10000276; -02/09/99- *****78,7	3381 —— -01031—016 5 *****78.7
Enclosed is an ori	ginal and one(1) copy of the artic	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	• 10	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FRO	M. Jorge Betanco	urt .		
110		rinted or typed)		
		2225 SW 19 th Avenue		o · ;
	Miami FL, 33145	Address Miami FL, 33145 City, State & Zip		00 FFB -9 P

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

Daytime Telephone number

(305) 858-6689

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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:

Abracadabra, Com, Co

ARTICLE II PRINCAL OFFICE

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

2225 SW 19 th Avenue, Miami, FL, 33145 P.O.Box 451507

ARTICLE III SHARES

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

One Thousand (1,000) shares of common stock. One (\$1.00) Par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jorge Betancourt

2225 SW 19 th Avenue. Miami, FL, 33145 ARTICLE V INCORPORATOR

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

Jorge Betancourt

2225 SW 19th Ave. Miami, FL, 33145

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 capacia. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m familiar with and accept the obligations of my position as registered agent)

Signature/Registered Agent

Date