TRANSMITTAL LETTER

9900060524

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

900002920889--0 -07/01/99--01064--005 *****78.75 *****78.75

SUBJECT: LAYMA CORPORATION (Proposed corporate name - must include suffix)		
···		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:		
Enclosed is an original and one(1) copy of the article \$70.00 \$\sqrt{1}\$ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PI REQUIZE
FROM: MONICA VELASQUEZ Name (Printed or typed)		
8305 SW 152md AV # 403 Address		
MIAMI, FLORIDA 33193 City, State & Zip		
(30S) 283 280 8 Daytime Telephone number		

7 1999 JUL F. OHESSEN

ARTÍCLES 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:

LAYMA CORPORATION

PRINCIPAL OFFICE <u>AR</u>TICLE II

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

8305 SW 152nd AV. #403 MIAMI, FL. 33193

SHARES ARTICLE III

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

ONE-HUNDRED (100) OF ONE DOLLAR (\$1.00)

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

MONICA VELASQUEZ 8305 SW 152 nd AV. #403 MIAMI, FL. 33193

INCORPORATOR ARTICLE V

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

MONICA VELASQUEZ 8305 SW 152nd AV. #403 MIAMI, FL. 33193

Signature/Incorporator

6/29/99.

(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 fosition as fegistered agent