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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

800002950368--9

-08/04/99-01067-008

****157.50 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ~~UNDER WRAPS, CORPORATION~~
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 AUG -5 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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99 AUG -4 AM 11:54
RECEIVED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 4, 1999

LAZARUS

MIAMI, FL

SUBJECT: UNDER WRAPS, CORPORATION
Ref. Number: W99000018054

We have received your document for UNDER WRAPS, CORPORATION. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 499A00039537

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of
UNDER WRAPS COSTUMES, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:
UNDER WRAPS COSTUMES, CORP.

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 ONE THOUSAND shares (1000) of ONE
Dollar(s) (\$ 1.0) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	UNDER WRAPS COSTUMES, CORP.		
ADDRESS	1121 NW 29 STREET		
CITY	MIAMI	FLORIDA	ZIP 33144

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	JUAN PABLO CABRERA		
ADDRESS	12529 SW 95 TERR.		
CITY	MIAMI	FLORIDA	ZIP 33186

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JUAN PABLO CABRERA		
ADDRESS	12529 SW 95 TERR.		
CITY	MIAMI	STATE FLORIDA	ZIP 33186
NAME	PAYMEN PETER SHAFFA		
ADDRESS	22314 KENWICK STREET		
CITY	WESTHILLS	STATE CA	ZIP 91304
NAME			
ADDRESS			
CITY		STATE	ZIP

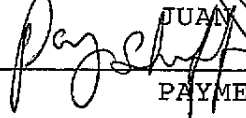
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

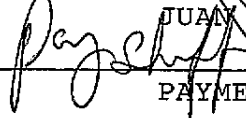
ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JUAN PABLO CABRERA		
ADDRESS	12529 SW 95 TERR		
CITY	MIAMI	STATE	FLORIDA
		ZIP	33186
NAME	PAYMEN PETER SHAFFA		
ADDRESS	22314 KENWICK STREET		
CITY	WESTHILLS	STATE	CA
		ZIP	91304
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

the undersigned subscriber(s) have executed these Articles of Incorporation this 15TH
day of JULY, 19 99



JUAN PABLO CABRERA (Seal)


PAYMEN PETER SHAFFA (Seal)

(Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

UNDER WRAPS COSTUMES, CORP.
(name of corporation)

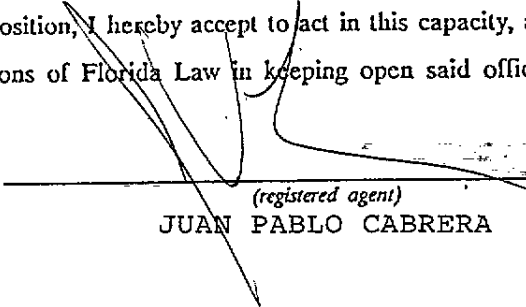
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at 12529 SW 95 TERR

MIAMI FLORIDA 33186

has named JUAN PABLO CABRERA
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)
JUAN PABLO CABRERA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED