## TRANSMITTAL LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 SLEEPIN GIANT ENTERTAINMENT, INC. Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 **Ճ**\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

(407) 578-6598

Daytime Telephone number

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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 undersigned incorporator, for the purpose of forming a corporation under the Florida  SECRETARY OF CORPORATION AND INCORPORATION AND INCORPORATI
Business Corporation Act, hereby adopts the following Articles of Incorporation.  ARTICLE I NAME  The name of the corporation shall be:  SLEEPIN GIANT ENTERTAINMENT, INC. PROPA
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  6945 Alpert Dr. Orlando, FL 32810
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  1 share
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Samuel Rodriguez Ramos 6945 Alpert Dr.
Orlands, FL 32810 ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Samuel Rodriguez Ramos
6945 Alpert Dr.
Orlando, FL 32810
Sind Bodrigue, Hamos 8/26/99
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

Date