

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

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SUBJECT:	TO THE POINT TRAN	ISFER INC.,	fix)
Enclosed is an origin	nal and one(1) copy of the art	icles of incorporation and a	ı check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM: _	CLIVE d'ADESKY		
	Name (Printed or typed)		
	P.O.BOX 526751	99 SI SECI TALL/	
	Address	SEP CAH,	* 6
		SE N	11 miles
	MIAMI, FLORIDA 33152	27 PM ARY OF SSEE I	
,	City, State & Zip		E E 2
	305-477-6205	3: 58 S FATE ORIDA	id it
	Daytime Telephone number		

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

H/2120

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:

TO THE POINT TRANSFER INC.,

ARTICLE II PRINCIPAL OFFICE

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

P.O.BOX 526751, MIAMI, FL 33152



ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MOHAMMAD SALEEM 1701 NW 110 AVE, MIAMI, FL 33172

ARTICLE V INCORPORATOR

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

CLIVE d'ADESKY 7875 SW 124th ST.

MIAMI, FL 33156

Signature/Incorporator

7-22-7

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