TRANSMITTAL LETTER

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

(850) 487-6052	- 1	-09/27/9901101012 *****78.75 *****78.75
SUBJECT: RIVER (Proposed con	porate pame - must include su	refix)
(Lieposeu se.)		99 SEP 27
Enclosed is an original and one(1) copy of the arti	icles of incorporation and	a check for: 🕮 🚆
\$70.00 \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	Status
	ADDITIONAL C	OPY REQUIRED
FROM: Alex Boucye	REAUS (Printed or typed)	<u></u>
106/2 Sw	Address	Alex Bouchereau GAVE
MiAnt F	L 33/86 ty, State & Zip	AUTHORIZATION BY PHONE TO CORRECT Add SUFFIX DATE \$10-1-99
80-38 Daytime	3-0238 - e Telephone number	DOC BRAM A

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

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:
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: PMB 266 129 73 S-W112 ST MIAMT PC 33186
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200 —
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: M. SACREM. 28 SE / AUE MIAMIFO 33131
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:
TRANCOIS ADRIEN: 10525 Sw 130ct MIAMI FL 33186 PRES HEX BOUCHEREHU-10612 SW 128/L. MIAMS PL 33186 Trancoura well 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