

TRANSMITTAL LETTER

99000100361

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

800003042439--5
-11/12/99--01032--019
*****78.75 *****78.75

SUBJECT:

ATRAM, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

MARTA RAMIREZ

Name (Printed or typed)

1011 SW 117th COURT

Address

MIAMI, FLORIDA 3318

City, State & Zip

Daytime Telephone number

99 NOV 12 PM 2:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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:

ATRAM, INC.

ARTICLE II PRINCIPAL OFFICE

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

1011 SW 117TH COURT, MIAMI, FLORIDA 33184

ARTICLE III SHARES

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

1000 shares of common stock having no par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The street address of the initial registered office of the corporation shall be:

**MARTA RAMIREZ
1011 SW 117TH COURT, MIAMI, FLORIDA 33184**

ARTICLE V INCORPORATOR

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

Marta Ramirez
1011 SW 117TH COURT, MIAMI, FLORIDA 33184

Marta Ramirez
Signature/Incorporator

11-05-99
Date

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.

Marta Ramirez
Signature/Registered Agent

11-05-99
Date

FILED
99 NOV 12 PM 2:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA