TRANSMITTAL LETTER

P99000102237

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

SUBJECT: LLAMARDI CARIBBEAN IMPORT/EXPORT, CORP.

(Proposed corporate name - must include suffix)

500003050185--7 -11/19/99--01090--007 *****87.50 *****87.50

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

1 \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: WINSTON R. ANDERSON
Name (Printed or typed)

2900 BONY BOYD #

Addross

BRONX NY 10466

City, State & Zip

1-718-515-7393 OFFICE

Daytime Telephone number

FILED 1999 NOV 19 AM 10: 01 SECRETARY OF STATE ANILAHASSEE, FLORIDA

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 The name of the corporation shall be: LLAMARDI CARIBBEAN IMPORT/EXPORT, CARP

ARTICLE II PRINCIPAL OFFICE

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

3990 BRONX BLVD, # LK, BRONX, NY 10466

ARTICLE III SHARES

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

200 NON-PAR VALUE COMMON SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

10466

KEITH MORRIS

3024 NORTH POWERS DR. ORLANDO, FLA. 32818

INCORPORATOR ARTICLE V

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

WINSTON ANDERSON

3990 BRONX BLVN #LK

(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