

TRANSMITTAL LETTER
P99000104492

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

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-11/29/99--01079--013
*****87.50 *****87.50

SUBJECT: CUBE CARE CO.
(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: SUSANA ROBLEDO
Name (Printed or typed)

6700 BROOKLINE DRIVE
Address

HIALEAH, FL 33015
City, State & Zip

305-996-6666 305-829-7737
Daytime Telephone number

99 NOV 29 PM 12: 12
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, 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 NAME

The name of the corporation shall be:

CUBE CARE CO.

ARTICLE II PRINCIPAL OFFICE

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

6700 BROOKLINE DRIVE
HIALEAH, FL 33015

MAILING ADDRESS: P.O. BOX 171-741
HIALEAH, FL 33017-1741

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

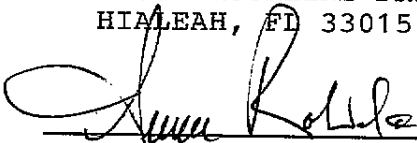
The name and Florida street address of the initial registered agent are:

SUSANA ROBLEDO
6700 BROOKLINE DRIVE
HIALEAH, FL 33015

ARTICLE V INCORPORATOR

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

SUSANA ROBLEDO
6700 BROOKLINE DRIVE
HIALEAH, FL 33015



Signature/Incorporator/Registered Agent

11/20/99

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.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA