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TRANSMITTAL LETTER

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

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ESCORPS INC

(F	roposed corporate r	name - must include suf	fix)		
Enclosed is an original for:	I and one (1) co	p y of the articles of	incorporation a	and a check	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required		
FROM:	BRUNG Name (D CLOVELA printed or typed)	MO #2	SECF TALLA	1999 DEC
		E 4 STR	at == 2	(ETARY (HASSE	ı
	BOCA	RATON State & Zip	Fl 3343	m_	3 .111 10: 5
	954	270 0307	Z	DA A	<u>-</u>

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

Daytime Telephone number

FILED
1999 DEC -3 AM 10: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

A AART ANNE ESTORTS INC.

ARTICLE II PRINCIPAL OFFICE

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

22 S E 4 STREET #219 BOCA RATON FL 33432

ARTICLE III SHARES

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

ONC

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

BRUND CLEVELAND 22 S.E. 4 STREET # 219 BOCA RATON FC 33432

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BRUNO CLEVELAND

22 SE 4 STREET

BOCA RATON FL 33432

The und	ersigned in	corporator(s) has(have) e	executed these Articles of	Incorporation this	
		December			
		Ballwolane	Signature		
			Signature		
			Signature		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

designation of officers.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the c	orporation is:	4	/AARI/	}/V/V €	6>(6R(S	1100.
2. The name and ad	dress of the regis	tered a	gent and office	is:		
	BRU	vo	clevely	VP QV		4.6
			(NAME)		#219	
	22	S E	4 591	reet	, J	
	(P.O. Bo	x or Ma	il Drop Box NOT	ACCEPTABLE)	_	
	Boo		RATON	K	33432	
•		(City/State/Zip)			

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) [2/01/99]
(DATE)