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(Cit	y/State/Zip/Phone	<u> </u>		
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer.	W CoCu		
Special Instructions to $0-29-05$	Dalor)	WOCK		

Office Use Only



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SECRETA THE STATE
ALLAHASSTE STORINA

8/31/05 Bux

wo5-38511

TRANSMITTAL LETTER

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

SUBJECT:	HAMMER HEADS !	N C . TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		APDSZ (Printed or typed)	
	3326 MARY STR	State & Zip	
	305-446-088 Daytime T	S elephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 15, 2005

ZBIGNIEW W JAROSZ 3326 MARY STREET SUITE 500 MIAMI, FL 33133

SUBJECT: HAMMERHEADS, INC. Ref. Number: W05000038511

We have received your document for HAMMERHEADS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Letter Number: 505A00052038

Justin M Shivers Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

KAMA CONSTRUCTION INC.

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SECRETART OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3326 MARY STREET, STE. 500

MIAM 1, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL CARPENTRY

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ZBIGNIEW W. JAROSZ > PRESIDENT

ZBIGNIEW W. JAROSZ > SECRETARY

ZBIBNIEW W. JAROSZATREASURER

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ZBIGNIEW W. JAROSZ 3326 MARY STREET, STE. 500 MIAMI, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ZBIGNIEW W. JAROSZ 3326 MARY ST., STE 500

MIAM 1. FL 33133

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

gnature/Registered Agent

Signature/Incorporator

7 26 05 Date