

P97000042651

TRANSMITTAL LETTER

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

Department of State
Division of Corporations
409. E. Gaines St.
Tallahassee, FL 32399

ATN ENTERPRISES, INC.

Subject: _____
(proposed corporate name)

Enclosed please find an original and one copy of the article of incorporation for the above corporation and check in the amount of \$ 78.25.

From: ORA A. QIMANO
871 NE 195 ST. APT 401
N. MIAMI BEACH, FL 33179

900002174399--3
-05/12/97--01029--006
*****78.75 *****78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 12 1997

97 5/12/97

ARTICLES OF INCORPORATION

OF

ATN ENTERPRISES, INC.

FILED
SECRETARY OF STATE
CORPORATION DIVISION
97 MAR 10 1963

ARTICLE I - NAME

The name of the corporation shall be:

ATN ENTERPRISES, INC.

ARTICLE II - ADDRESS

The address of the principal office until further notice is: 871 NE 195 St. Apt. 401, N. Miami Beach, FL 33179.

ARTICLE III - CAPITAL STOCK

The number of shares that this corporation is authorized to have outstanding is one thousand (1,000) common shares at one (\$1.00) dollar par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of this corporation is: Ora A. Cimand and the registered office is 871 NE 195 St. Apt. 401, N. Miami Beach, FL 33179.

ARTICLE V - INCORPORATOR

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

Ora A. Cimand
871 NE 195 St. Apt. 401
N. Miami Beach, FL 33179

ARTICLE VI - DURATION

This corporation shall have a perpetual existence unless dissolved according to law.

CERTIFICATE OF DESIGNATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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/registererd agent, in the State of Florida.

1. The name of the corporation is _____

ATN ENTERPRISES, INC.

2. The name and address of the registered agent and office is:

Ora A. Cimand
Name _____

871 NE 195 St. Apt.401, N.Miami Beach, FL 33179
Address _____

The following officer of this corporation has authorized the above person and office to be its registered agent and registered office.

Signature Ora Cimand

Treasurer
Title _____

Date may 09, 1997

ACCEPTANCE BY AGENT

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 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 Ora Cimand

Date may 09, 1997