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TRANSMITTAL LETTER

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

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SUBJECT:	SILKNIGHTS, INC.			2		
Enclosed is an o	(Proposed corporate name original and one (1) copy of the		and a check for:	SECHETARY OF ALLAHASSEE,)0 JAN -7 P	
□ \$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	F STATE FLORIDA	H 12: 06	

ADDITIONAL COPY REQUIRED

Status

FROM:	RAMON REYES		
	Name (Printed or typed)		
	5035 PALM AVE.		
	Address		
	HIALEAH, FL. 33012		
-	City, State & Zip		
	(305)822-0669		
	Daytima Talanhana number		

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

ÄRTICLES 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: SILKNIGHTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

6326 S.W. 14 ST. MIAMI, FL. 33144

ARTICLE III SHARES

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

1,000 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARIA PILAR COLOMA

6326 S.W. 14 ST MIAMI, FL. 33144

ARTICLE V INCORPORATOR

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

PRESIDENT/ ROBERTO GONZALEZ

6326 S.W. 14 ST

MIAMI, FL. 33144

VICE-PRESIDENT

FERNANDO COLOMA

6326 S.W. 14 ST

MIAMI, FL. 33144

TREASURER

MARIA PILAR COLOMA

6326 S.W. 14 ST

MIAMI, FL. 33144

SECRETARY

MARIA M. COLOMA

6326 S.W. 14 ST.

MIAMI, FL. 33144

Date

Signature/Incorporator

1/3/2000

(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 Date