OMA LAND SAMPLE LETTER OF TRANSMITTAL)

DATE

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

(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50. \nearrow ?

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

(Name of Corporation)

Socke to Me. Kahane be would like a CUS.

MAILING ADDRESS OF CORPORATION —	
866 S.E. CONVal AND	7
Port of Word FC	
34983 PHONE -	,
(561) 343 - 0032 Area Code Number Ext.	_



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 10, 2000

MICHAEL KAHANE 866 SE CARNIVAL AVE. PORT ST. LUCIE, FL 34983

SUBJECT: FLORIDA SATELLITE Ref. Number: W00000006467

We have received your document for FLORIDA SATELLITE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must have original signatures.

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) 487-6929.

Shannon Thompson Document Specialist

Letter Number: 000A00013385

ARTICLES OF INCORPORATION

FLORIDA	Safe	11/10	TI	WC.	
(1	name of corpora	tion)			
The undersigned acting as the incorporators of a the following articles of incorporation for such corporation for such corporations are such corporations.	corporation und ation:	er the Florida	a Business Corpo	oration Act, adop	t(s)
ARTICI	LE I - CORPOR	ATE NAME			
The name of the corporation is:	4	Sa	1011,1	e 1	WC,
AR	TICLE II - DUF	RATION		0.	a
This corporation shall exist perpetually unless di	issolved accordi	ng to Florida	law.	STORE OF THE PERSON OF THE PER	
AR	RTICLE III - PU	RPOSE		TANK THE	
The corporation is organized for the purpose of e United States and the State of Florida.	engaging in any	activities or	business permitte	ed under the law	s of the
	CLE IV - CAPIT		par value \$	per	share.
ARTICLE V The street address of the initial principal office a	/ - INITIAL PRII and, if different,				<i>!</i> .
STREET ADDRESS 8-6 5.6	Carn	val	Ave		
CITY POP ST CUME	<i>2</i> F	LORIDA		ZIP 5/9	3
Mailing address, if different STREET ADDRESS	860 2				
SIRCEI ADDICASE / J. C. T.	0000	Service and the contract of the	The state of the s	The second secon	#16275 L.E.
CITY PORT ST LUCIE	r er er en er en er er er er er er er F	LORIDA		ZIP 3-198	8
ARTICLE VI - INITIA	AL REGISTER	ED OFFIC	E AND AGENT	,	
The street address of the initial registered or	ffice and the n	ame of the i	nitial registered	l agent at the of	ffice is:
NAME Michael Kahan	7 <i>e</i>				
ADDRESS 866 S.E. Cachi	val t	re		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Eld live H
CITY DOCK CI LICE	<u>। তেওঁ জিলাকে কিছে টিক্টিক ।</u> বিশ্বস্থিতি	FLORIDA	r, alge r alle state de Propie de la constanta de la constant	ZIP 3/98	3

	NITIAL BOARD OF DIRECTORS	
This corporation shall haveither increased or diminished from time to time by the	() directors initially. Th	e number of directors may be
ther increased or diminished from time to time by the diresses of the initial director(s) of the corporation are	By-Laws, but shall never be less that as follows:	n one (1). The names and
		. **
NAME Michael Kaho	and	To the second of
NAME Michael Kaho ADDRESS 866 S.E. Can	VIVAI AR	
CITY PORT ST LUCIE	STATE /=C	ZIP 349 & 3
NAME		The second secon
ADDRESS	The state of the s	
CITY	STATE	ZIP
NAME		A SENSE SECTION OF SEC
ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY	STATE	ZIP
APTICI	E VIII - INCORPORATORS	
he names and addresses of the incorporators signing	_ , <u> </u>	follows:
	these Afficies of Incorporation are as	
NAME Michael Kah	912	The same of the sa
ADDRESS 866 5.6. CC	ervival A	2
CITY PORT ST CUCIE	STATE C	ZIP 34963
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		-
ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the	nese Articles of Incorporation this	Incl
day of	> 200°	
lay of		
	Mark 1	(Signature)
	111111111111111111111111111111111111111	(Signature)
		(Signature)
	The state of the s	
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

NC.

FLORIDA

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 866 S.E. Carniv

has named Michael Kal

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

(Date)