

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850)922-4001

From:

: DAVID TORCHIN, C.P.A., P.A. Account Name

Account Number : 119990000007 Phone : (954) 472-3124 Fax Number

: (954)472-0067

FLORIDA PROFIT CORPORATION OR P.A.

Exotic Paradise Corporation

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78,75

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ARTICLES OF INCORPORATION OF

Exotic Paradise Corporation

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:

Exotic Paradise Corporation

ARTICLE II PRINCIPAL OFFICE

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

Principal Place of Business:

Mailing Address:

4650 S.W. 51st Street, Bay 705

4650 S.W. 51st Street, Bay 705

Davie, FL 33314

Davie, FL 33314

Phone Number:

954-316-4747

ARTICLE III CAPITAL STOCK

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

One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nir Karni 4300 Sheridan St., #124 Hollywood, FL 33021

> Prepared By: David Torchin, C.P.A., P.A. 8211 West Broward Blvd., Suite 200 Plantation, Fl. 33324-2726 Phone: (954) 472-3124 Fax: (954) 472-0067

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporators to these Articles of incorporation and the office each shall hold is(are):

President Nir Karni 4300 Sheridan St., #124 Hollywood, FL 33021

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 28 day of April.2000.

Signature

Signature

Prepared By:
David Torchin, C.P.A., P.A.
8211 West Broward Blvd., Suite 200
Plantation, FL 33324-2726
Phone: (954) 472-3124
Fax: (954) 472-0067

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FAX AUDIT NUMBER:

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 corporation is:

Exotic Paradise Corporation

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

Nir Karni 4300 Sheridan St., #124 Hollywood, FL 33021

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.

SFCRETARY OF STATE
TALLAHASSI E. FLORIDA

Signature

04/28/00

Prepared By:
David Torchin, C.P.A., P.A.
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