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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS TO:

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FROM: R & R ACCOUNTING & TAX SERVICES, INC.

ACCT#: 071324000655

CONTACT: ROLANDO TRUJILLO

FAX #: (305)541-4015

PHONE: (305)541-0790

NAME: Rebel Sisters, Corp.

AUDIT NUMBER..... H00000028133

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 5

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 23, 2000

R & R ACCOUNTING AND TAX

SUBJECT: REBEL SISTERS, CORP.

REF: W00000013335

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P. 2

ARTICLES OF INCORPORATION

FILED

OD JUN 14 PM 1: 22

SECRETARY OF STATE ALLAHASSEE, FLORIDA

OF

REBEL SISTERS, COEP.

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 | NAME

The name of the corporation shall be: REBEL SISTERS, CORP.

ARTICLE II PRINCIPAL OFFICE

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

13781 5.W. 74 STREET MIAMIFL 33183

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 SHARES OF COMMON STOCK AT

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PREPARED BY:
MANUEL COEED
13781 S.W. TY STREET
MINY) IFL 331&3

MANUEL COEGO 137815.W. 74STREET MINMIFC 33183

FOU # BAXABORS/33

FAX # 000000 25133

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MANUEL COEGO ----- PRESIDENT 13781 S.W. TY STREET MIAMI FC 33183

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

 23 day of MAY . 2000	
() well	
Signature	
) Signature	
Signature	
Signature	

FAX # DODOOD 86133

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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/HEGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The nam	e of the corporation is: REBEL 5/5/ER	s, Coep
2. The nam	ne and address of the registered agent and office is:	±., 0
	MANUEL LOE 60 (Name)	FIL DO JUN 14 SECRETAR FALLAHAS
	(P.O. Box not acceptable)	PH 1: 22 SEE FLORI
	(City/State/Zip)	TE 2

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)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

FAX 0000002\$133