

CORPORATION(S) NAME

CR2E031 (R8-85)

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| Micco S | interprises | Inc. |
|--|--------------------------------------|--|
| | | NO OO NU OO |
| | | () Merger () Mark () Other () Change of Registered Agent () After 4:30 |
| () Profit) NonProfit () Foreign | () Amendment () Dissolution | () Merger Pree: 1. |
| () Limited Partnership () Reinstatement | () Annual Report () Reservation | () Other () Change of Registered Agent |
| Certified Copy | () Photo Copies | () Certificate Under Seal |
| () Call When Ready Welk In () Will Wa | () Call If Problem | () After 4:30 |
| Name Availability Document Examiner Update Verifier Acknowledgment W.P. Verifier | AN COX | Shood was a second of the seco |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 16, 2000

EMPIRE

MIAMI, FL

SUBJECT: RICCO ENTERPRISES INC.

Ref. Number: W00000015395

We have received your document for RICCO ENTERPRISES INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 600A00034490



ARTICLES OF INCORPORATION

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 1 NAME

The name of the corporation shall be:

M.A. RICCO Enterprises Inc.

OO JUN 29 PH 12: 16
SECRETARY OF STATL
TALL NHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

1310 NW 43 LA AVE #104 LAUDERHILL, FLA 33313

ARTICLE III SHARES

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

100 Shares @ \$ 1.00 PARVALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

BRIAN LYNN CPA., APA
TWO SOUTH UNIVERSITY DRIVE SWITE 2,5
PLANTATION, Fla 33324

INCORPORATOR(S)

See instructions for officers/directors

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

MARYARICCO DIRECTOR/PRESIDENT.
1310 NW 4322 AVE 4104 LAUDERHILL, FLA. 33313

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

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is: | TICCO | CNIER FRISES | /NC |
|----|------------------------------------|--|---------------------------------|-------|
| 2. | The name and address of the regist | tered agent and office | e is: | |
| | BRIA | NAME) | C.P.A, PA | |
| | TWD S (P.O. Bo | auth Univ ox or Mail Drop Box <u>NO</u> | PRSITY DRIVE SU TACCEPTABLE) | TE211 |

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.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSIE, FL \$2314