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Florida Department of State

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

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

NANA CAFETERIA & RESTAURANT INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



ARTICLE OF INCORPORATION

<u>Of</u>

NANA CAFETERIA & RESTAURANT INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: NANA CAFETERIA & RESTAURANT INC.

The principal place of business of this corporation shall be:
4114 NW. 167 ST.
MIAMI,FL. 33054

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected. is(are):

Tomas Asusta 4541 NW. 195 St. Miami,Fl.33055

Director

ARTICLE VI INCORPORATOR(S)

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

Tomas Asusta 4541 NW. 195 ST. Miami,Fl.33055

te a establish

President, Secretary & Treesurer 100 shares

The undersigned has (have) executed these Article of Incorporation this __ 11 th. day of October _______. 10_2000_.

Signature/Title

Signature/Title

Signature/Title



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. T	he name of the corporation is:_
	NANA CAFETERIA 8 RESTAURANT INC
2. T	he name and address of the registered agent and office
i	5 Tomas Asusta
	(Name)
_	4541 NW. 195 ST. (P. O. BOX NOT ACCEPTABLE)
	(P. O. BOX NOT ACCEPTABLE)
	Mlam1,Fl.33055
_	(CITY/STATE/ZIP)
OF PR	G BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI GISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELAT AND I	ING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY ION AS MY POSITION AS REGISTERED AGENT.
	SIGNATURE / Tombu
	DATE 10-11-00