

TRANSMITTAL LETTER

P01000001557

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

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-12/29/00--01008--009
*****87.50 *****87.50

SUBJECT:

ALADINS CAVE INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Kim CERA

Name (Printed or typed)

2535 NE 214th

Address

MIAMI, FLA 33180

City, State & Zip

954-327-0073

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

D. BROWN JAN - 4 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ALADINS CAVE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O BOX 3986
HAILANDALE, FLA 33008

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOMEWARES & ARTS & CRAFTS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KIM CERA
P.O BOX 3986
HAILANDALE, FLA 33008

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KIM CERA
2535 N.E. 214 ST.
MIAMI, FLA 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KIM CERA
2535 N.E. 214 ST
MIAMI, FLA 33180

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
00 DEC 28 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/27/00

12/27/00