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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. KINETICS CORPORATION
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



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2:00



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Photocopy



Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

01 JAN 25 PM 2:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

RECEIVED
01 JAN 24 AM 10:27
DIVISION OF CORPORATION

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 24, 2001

LAZARUS

MIAMI, FL

SUBJECT: KINETICS CORPORATION
Ref. Number: W01000001821

We have received your document for KINETICS CORPORATION. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 201A00003952

RECEIVED
01 JAN 25 AM 10:14
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 I – NAME

The name of the corporation shall be:

KINETICS OF SOUTH FLORIDA CORP.

ARTICLES II –PRINCIPAL OFFICE

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

1701 W. Flagler St
Suite # 6
Miami, Fl 33125

ARTICLES III – SHARES

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

100 Shares

ARTICLES IV-INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is :

Juan Ordonez
12973 S.W. 112 St
Suite # 209
Miami , Fl 33186

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

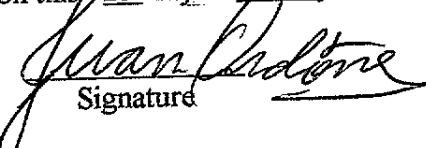
ARTICLE V - INCORPORATOR

The name and Street address of the incorporator to these Articles of incorporation are:

Juan Ordonez
12973 S.W. 112 St
Suite # 209
Miami, Fl 33186

Matilde Sandino
9310 S.W. 120 Ave.
Miami, Fl 33186

The undersigned incorporator has executed these Articles of
Incorporation this 23 day of January 2001


Signature

ARTICLE VI-DIRECTOR(S)

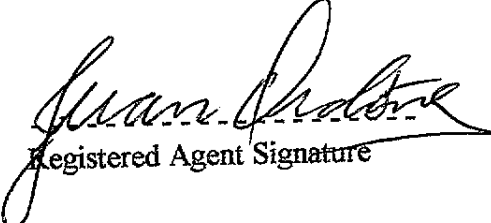
The name(s) and Street address(es) of the director(s) to these Articles of
incorporation is (are):

Juan Ordonez (Pres.)
12973 SW 112 St suite 209
Miami, Fl 33186

Matilde Sandino (U.P.)
9310 SW 120 Ave.
Miami, Fl 33186

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and accept service of process for the above stated corporation at place designated in this certification, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent


Registered Agent Signature

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TALLAHASSEE FLORIDA