

P01000022299

TRANSMITTAL LETTER

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

300003790223-- 3  
-02/28/01--01104--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: DANIELLA IMPORT, INC.  
Proposed Corporate Name - Must include Suffix

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

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

ADDITIONAL COPY REQUIRED

FROM: CHARLES AMSE  
2940 S.W. 30TH AVE. #5  
HALLANDALE, FL. 33009  
(954) 455-8575

FILED  
01 FEB 28 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

10-2-01

## **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:

DANIELLA IMPORT, INC.

### **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2940 S.W. 30th Ave. #5  
Hallandale, Fl. 33009

### **ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is:

To transact any and all lawful business for which the corporation may be incorporated under chapter 607, Florida Statutes

### **ARTICLE IV - SHARES**

The number of shares of stock is:

1000 shares common stock 1.00 dollar par value per share

### **ARTICLE V - INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Charles Amse  
2940 S.W. 30th Avenue #5  
Hallandale, Fl. 33009

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**ARTICLE VI - REGISTERED AGENT**

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

Charles Amse  
2940 S.W. 30th Avenue #5  
Hallandale, Fl. 33009

**ARTICLE VII - INCORPORATOR**

The name and address of the incorporator is:

Charles Amse  
2940 S.W. 30th Avenue #5  
Hallandale, Fl. 33005

**ARTICLE VIII - AN EFFECTIVE DATE**

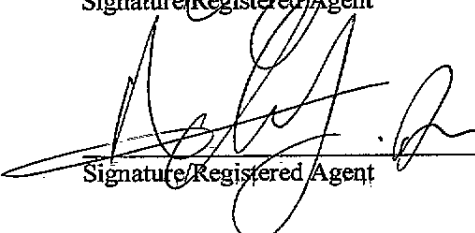
The Effective Date of the Corporation should be 5 days prior to the date of receipt.

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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

2/26/01  
Date

  
Signature/Registered Agent

2/26/01  
Date

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01 FEB 28 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA