Polannalloso

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

> 200003828672--8 -03/03/01--01107--001 *****87.50 *****87.50

SUBJECT: MID FLORIDA HOSPITALITY SERVICES INC.

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

- \$70.00 filling fee
- \$78.75 filling fee & certificate of status
- \$78.75 filling fee & certified copy

\$87.50 filling fee, certified copy & certificate of status (enclosed are additional copy).

From Gabriel Mnayarji

Address P.O. BOX 692225 ORLANDO, FLORIDA 32869 Tel. 407- 321-436-7749 DI MAR -9 PN 4: 00
SECRETARY OF STAIL
ANASSEE, IT GERE

W W

ARTICLE OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: MID FLORIDA HOSPITALITY SERVICES LINC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION

SHALL BE:

4636 W. HWY.192

PMB # 1021

Kissimmee, Florida 34746

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

10,000 no par value

<u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT ARE:

Bohdan Slachta

5275 Images Cir.

Kissimmee, Florida 34746

Tel. (407)460-2964

ARTICLE V INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF

INCORPORATION ARE:

Bohdan Slachta

5275 Images Cir.

Kissimmee, Florida 34746

Tel. (407)460-2964

ARTICLE VI PURPOSE

Provide services to the hospitality industries, and other services that are legal under the State of Florida laws.

SIGNATURE/INCORPORATOR

BOHDAN SLACHTA

DATE: March 3, 2001

CERTIFICATE OF DESIGNATION REGESTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUES, 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:

MID FLORIDA HOSPITALITY SERVICES INC. .

THE NAME AND THE ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

Bohdan Slachta 5275 Images Cir. Kissimmee, Florida 34746 Tel. (407)460-2964

SIGNATURE:

Shall D.

BOHDAN SLACHTA REGISTERED AGENT DATE: March 3, 2001

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES 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.

SIGNATURE: Shall &.

BOHDAN SLACHTA REGISTERED AGENT DATE: March 3, 2001