954-771-9488

JOHN L. TOMLINSON CPA

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

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From:

Account Name : JOHN L. TOMLINSON

Account Number : I19980000017 Phone : (954)771-9336

Phone : (954)771-9336 Fax Number : (954)771-9488

FLORIDA PROFIT CORPORATION OR P.A.

Nob Hill Investments, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	91 (4)
Estimated Charge	\$78.75

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SECREIVARY OF STATE AHASSEF, FLORIDA

8. McKnight APR 2 4 2001

(((H01000045423 0))) Articles of Incorporation

ARTICLE I - NAME

The name of this corporation is Nob Hill Investments, Inc.

ARTICLE II - PRINCIPAL OFFICE

The street address of the initial principal office of this corporation is 1852 NW 95th Avenue, Plantation, FL 33322.

ARTICLE III - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any or all-lawful business.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of \$1.00 par value common stock which shall be designated "Common Shares".

ARTICLE VI - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of the corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at a price at which it is offered to others.

ARTICLE VII - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is $500~\text{NW}~62^{\text{nd}}$ Street, Ste 455, Fort Lauderdale, FL 33309 and the name of the initial registered agent of this corporation at this address is John L. Tomlinson.

Prepared by John L. Tomlinson, CPA, PA phone 954-771-9336 500 NW 62nd Street, Ste 455 Fort Lauderdale, FL 33309

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ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have 2 directors constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the by-laws. The names and addresses of the of the initial Board of Directors of this corporation are

<u>Name</u> Bekir Gesoglu Address 1852 NW 94th Avenue Plantation, FL 33322

Harun Ciftci

6169 Mohawk Terrace Margate, FL 33063

ARTICLE IX - INCORPORATORS

The name and address of each person signing these Articles is:

Name

Address

Bekir Gesoglu

1852 NW 94th Avenue Plantation, FL 33322

Harun Ciftci

6169 Mohawk Terrace Margate, FL 33063

ARTICLE X - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI - AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Each amendment shall be approved by a majority vote of the stockholders at a meeting called therefor.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this <u>24th</u> day of April, 2001.

Bekir Gerodin

Harun Ciffici

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 607.051, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED

THAT Nob Hill Investments, Inc. DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF FT. LAUDERDALE, STATE OF FLORIDA, HAS NAMED John L. Tomlinson 500 NW 62nd Street, Ste 455, Fort Lauderdale, FL 33309 AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

 $\Lambda\Lambda$

SIGNATURE Corporate Officer
TITLE President
DATE 04 24 01

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the 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 CRESIDENT Agent)

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ECRETARY OF STATE
LLAHASSIF, FI ORIDA