P01000041875 TRANSMITTAL LETTER

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

200**004044862--1** -04/23/01--01140--022 *****78.75 *****78.75

Subject

ikatu Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

 \$122.50 Filing Fee

\$131.25
Filing Fee,
Certified Copy

& Certified Copy

(ADDT'L COPY REQ'D)

& Certificate (ADDT'L COPY REQ'D)

FROM:	Nellie Akalp	
	30141 Agoura Road, Suite 205	
L	Agoura Hills, California 91301	

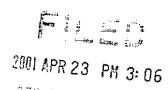
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NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

G4/25/01

ARTICLES OF INCORPORATION OF ikatu Inc.

4



The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation E FLORIDA

Act, hereby adopts the following articles of incorporation.

ARTICLE I	NAME				
	poration shall be: ikatu I	nc.			
<u>ARTICLE II </u>	<u>PRINCIPAL OF</u>		4.5	. =-	
The principal place of	of business and mailing a	ddress of this corp	poration shall be:		
184 Riverwa	lk Circle.				
Sunrise, Flor	ida 33326			- %	
ARTICLE III	SHARES	· -			
	·				
	s that this corporation is	authorized to have	e outstanding at any	one time is: 1,500	aı
\$1.00 par value per s	nare.				
ARTICLE IV	INITIAL REGIS	TERED AGEN	IT AND STREE	ET ADDRESS	
The name and Florid	a street address of the in				
Gustavo Rios	S				
184 Riverwa					
Sunrise, Flor					
Dam.100, 1 101	100 55520	-			
ARTICLE V	INCORPORATO	OR .			
The name and addres	s of the incorporator to t	hese Articles of I	acorporation is:		
Nellie Akalp					
	ra Road, Suite 205	-		-	
Agoura Hills	, California 91301				
Alli. 1	N.O.1		/.		
Nallie Ro	May	4/11/			
Nellie A	kalp, incorporator	, ,	Date	;	
Having been named as	registered agent and to acc	cept service of proc	ess for the above stat	ed corporation at the	
place designated in this	certificate, I hereby accep	ot the appointment a	s registered agent an	d agree to act in this	
capacity. I further agre	e to comply with the provis	tions of all statutes i	relating to the proper	and complete	
performance of my duti	es, and I am familiar with a	and accept the oblig	gations of my position	as registered agent.	
l	W_	11/10	101		
	AV		101.		
Gustavo Ri	8, Registered Agent	/ /	Date	!	