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

H.K. Dimensions. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFLX)

Enclosed is an origin	nal and one(1) copy of the artic	cles of incorporation and a	a check for:
Siling Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
	V V	(10 12 10	TA St

FROM: BARRY BANDLER, E.M. P.A. Name (Printed or typed)	OI DEC SECRE
9963 Three Lakes Circle Address	26 PM 1 ARY OF LASSEE,
Bola Raton, FL 33428-6207 City, State & Zip	3: 37 STATE FLORIDA
561-470-9396	

Daytime Telephone number

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

* Effective Date: January 2,2002 * 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: H.K. Dimensions, Inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2503 N. Kingside Orive

2503 N.KWUSIDE Drive PomponoBeach, FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Limousine Service

ARTICLE IV SHARES

The number of shares of stock is:

1003

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Kimberlac Goldstein

2503 N. Riverside Drive

PompsnoBeach, FL 33062

ARTICLE VI REGISTERED AGENT

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

Kimberlee Goldstein 2503 N. Riversde Drive Pompono Brown, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimbertee Goldstein 2503 N. Kiverside Drive Pomparo Brach, FL 33012

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

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12 19 0)

Signature/Incorporator

Date

* Effective Date: January 2,2002 *