## POJOCOISS 7

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

			<b>6000049479664</b> -02/18/0201031020				
SUBJECT:	WILD HINGS	Exotic	######################################				
		ate name - must include :	D2 FEB 18 AN SECREVANASSEE				
Enciosed is an origina	l and one(1) copy of the articles	s of incorporation and a	<u> </u>				
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	■\$122.50 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate				
		ADDITIONAL C	OPY REQUIRED				
FROM: MD ABUL KALAM AZAO  Name (Printed or typed)							
36490 S.W. 192 AVE Address							
FLORIDA CITY FLA. 33034 City, State & Zip							
786-3746498							
Daytime Telephone number							

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

98/01

ARTICLES 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.

AK	TI	CLE	1	•	NA	ME

The name of the corporation shall be:

WILD JAINGS EXOTIC INC.

AM 9: 33 EE. FLORIG
------------------------

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

36490 S.W. 192 Ava FLORIDA CITY, FLA. 33034

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

## INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are:

36496 FORION 192 AVE 33034

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MD ABUL KALAM AZAD. 36490 S.W. 192 AVR. 33034 FLORIDA CTY FLA 33034 Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 statutes 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/Registered Agent

2/13/02

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE FAWS 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:	WILD	J4/NES	EXOTIC	Jul.
	<del>-</del>				<del></del>
2.	The name and address of the regi	stered agent a	nd office is:		

(Name)

Soygo S.W. 192 Ava

(P.O. Box not acceptable)

FLORINA CITY FUA. 3303Y

(City/State/Lip)

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 statutes 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)