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

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SECRETARY OF STATE
AND A SSEE, FLORIDA

SUBJECT:	KITCHEN DREAMS, C		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
		10	00005096
			*****87.50
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	LUIS PINA		
	Name (Printed or typed)		
	815 N.W. 126 CT.		
•	Address		
	MIAMI, FL.33182		
•	City, State & Zip		
305-905-4386			

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

Daytime Telephone number

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:

KITCHEN DREAMS, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

815 N.W. 126 CT., MIAMI FL. 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE TRANSACTION OF ALL LAWFULL BUSSNESS PERMITED BY FLORIDA AND UNITED STATES LAWS.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LUIS PINA, 815 N.W. 126 CT.MIAMI, FL. 33182 SARA PINA, 815 N.W. 126 CT. MIAMI FL. 33182

ARTICLE VI REGISTERED AGENT

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

LUIS PINA. 815 N.W. 126 CT. MIAMI, FL.33182

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

LUIS PINA.

815 N.W. 126 CT. MIAMI, FL. 33182

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

Signature/Incorporator

3/8/02/ Date

3/8/02

SECRETARY OF STATE