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Florida Department of State

SECRETARY OF STATE TALL AHASSEE FLORIDA

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

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Fax Number

Phone : (305) 634-3694 : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

KERSTIN DESIGN, INC.

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Certificate of Status	0
Certified Copy	1
Page Count	05 🗸
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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OF

FILE 0 02 JUN 13 PM 3: 16 SECRETARY OF STATE TALLAHASSEE FLORIDA

KERSTIN DESIGN, INC.

In compliance with the requirements of F.S. Chapter 607, the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following Articles of Incorporation for the purpose of organizing a business corporation.

ARTICLE I

The name of the corporation is KERSTIN DESIGN, INC.

ARTICLE II

This existence of this corporation shall be perpetual unless dissolved according to Florida law. In the event of dissolution of this corporation, all remaining assets of the corporation shall be transferred and delivered according to Florida law.

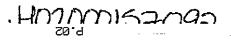
ARTICLE III

This corporation is organized for the purpose of transacting any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

The address of the principal office of the Corporation is 114 Atlantic Annex Point, Maitland, Fl. 32751.

This document prepared by: Lisette Salazar, Rsq. Fla Ear No. 0977410 240 Crandon Blvd., #266 Key Biscayne, Fl. 33149



ARTICLE V

The initial mailing address of this corporation shall be: 114 Atlantic Annex Point, Maitland, Fl. 32751.

ARTICLE VI

The maximum number of shares this Corporation is authorized to issue is 100, all of which shall be Common Shares. All Common Shares shall be identical with each other in every respect and the holders thereof shall be entitled to one vote for each share upon all matters on which shareholders have the right to vote.

ARTICLE VII

The corporation shall be managed by a Board of Directors. The number of Directors, method of election and the method of removal of Directors shall be as provided in the By-laws of the corporation. The initial board of directors shall consist of one member. The name and address of the person who will serve on the initial board of directors is:

Kerstin Sabino 114 Atlantic Annex Point Maitland, Fl. 32751.

ARTICLE VIII

The corporation shall have such Officers with such duties as provided in the By-laws.

ARTICLE IX

The By-laws of this corporation may be adopted, altered, amended or repealed by the Directors.

ARTICLE X

The corporation shall indemnify its directors, officers, employees, and agents to the fullest extent permitted by law.

ARTICLE XI

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation in accordance with the provisions of the Florida General Corporation Act.

ARTICLE XII

The initial street address of the Corporation's registered office is Lisette Pie Salazar, P.A. 240 Crandon Blvd., Suite 255 Key Biscayne, Florida 33149. The initial registered agent for the Corporation at that address is Lisette Pie Salazar, Esquire.

ARTICLE XIII

The names and street address of the person signing these articles of incorporation is:

Lisette Pie Salazar 240 Crandon Blvd., Suite 266 Key Biscayne, Florida 33149

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 10- day of June, 2002.

Lisette Pie Salazar

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for KERSTIN DESIGN, INC. at the place designated in the Articles of

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FILED

Incorporation, the undersigned is familiar with and accepts the 3:16 obligations of that position pursuant to F.S. 607.0501 SECRETARY OF STATE AHASSEE FLORIDA

STATE OF FLORIDA)
SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this /2-day of June, 2002 by Lisette Pie Salazar, who is personally known to me _____ or who has produced _____ as identification.

My Commission Expires:

Notary Public, State of Florida



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