

PO2 000066379

TRANSMITTAL LETTER

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

300005677283--0

-06/04/02--01040--008

*****78.75 *****78.75

Subject: INNOVATIVE DESIGN STUDIO, INC.
(PROPOSED CORPORATE NAME- MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

xx\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee &
Certified Copy

\$87.50
Filing Fee,
Certified Copy &
Certificate

[ADDITIONAL COPY REQUIRED]

FROM: LUIS SILVA
Name (Printed or Typed)

19600 NE 19TH COURT
Address

MIAMI, FLORIDA 33179
City, State & Zip

(305) 466-2774
Daytime Telephone Number

FILED
02 JUN 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

me 6/17



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 5, 2002

LUIS SILVA
19600 NE 19TH COURT
MIAMI, FL 33179

SUBJECT: INNOVATIVE DESIGN STUDIO, INC.
Ref. Number: W02000016219

We have received your document for INNOVATIVE DESIGN STUDIO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filing Section

Letter Number: 902A00036735

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

INNOVATIVE ARCHITECTURAL DESIGN, INC.

ARTICLE II - PRINCIPAL OFFICE

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

19600 NE 19TH COURT
MIAMI, FLORIDA 33179

ARTICLE III - SHARES

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

FIVE HUNDRED (500) SHARES @ US\$1.00 PER SHARE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS SILVA
19600 NE 19TH COURT
MIAMI, FLORIDA 33179

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TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR(S)

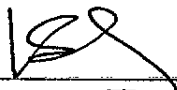
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

LUIS SILVA, 19600 NE 19TH COURT, MIAMI, FL 33179

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

JUNE 11th day of JUNE, 2002.
(An additional article must be added if an effective date is requested)



Signature

L.S.

Signature

Signature

Notarization is not required

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS 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 INNOVATIVE ARCHITECTURAL DESIGN, INC.

2. The name and address of the registered agent and office is:

LUIS SILVA

(Name)

19600 NE 19TH COURT

(Street Address - *P.O. Box or Mail Drop Box NOT Acceptable*)

MIAMI, FLORIDA 33179

(City/State/Zip)

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Having been named as registered agent and to accept service of process for the 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

L. S.

6.11.02
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314