067339

TRANSMITTAL LETTER

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

600005816646---7 -06/18/02--01064--002 *****70.00

Enclosed is an original if for :	and one (1) co	py of the articles of	incorporation a	and a check			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	p i			
FROM:	BRUNO Name (CLEVERAD printed or typed) 4 STR-60	#21g	02 JUN 18 AN SECRETARY OF ALLAHASSEE, I			
	Address						
	BOCA	RATON FL	33432	AMII: 06 OF STATE OF STATE			
	954	270 030 Tolophona number	7	-			

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

BM Lel19.

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:

A AABANA a HER FRIENDS INC

ARTICLE II PRINCIPAL OFFICE

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

22 SR 4 STREET #219
BECA RATON PC 33432

ARTICLE III SHARES

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

0N2

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BRUNO CLENGLAND
22 SE 4 STREET F219
BOCO RATON PL 33432

O2 JUN 18 AM II: 06

SECRETARY OF STATE
TALLAHASSIE, 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):

BRUNO (PENDEAND 22 St G STREET BOCA RATON PC 33432

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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:	A	AAB	ANA	a Hen	e Prib	vOS in
2. The name and address of the regist	ered agent and	l office is:				
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22	Se 4 .	SPRea	7219		TARY OF	
•	CITY/STA		ŕ		STATE	
		·			, ,	•
Having been named as registered a corporation at the place designated in agent and agree to act in this capacity relating to the proper and complete peobligations of my position as registered.	this certificat y. I further ag rformance of	te, I hereby gree to com	accept the	appointme e provision	ent as regis ns of all sta	stered atutes
SIGNATURE	(LP)	·)UN (DAT	e 16 2	002	