## P0200000018292

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

300007592303---4 -09/09/02--01041--002-\*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: MROCO C- BENJAMI - Name (Printed or typed)  Address			
	City, Daytime To		FILED  OZ SEP O PM 4: 08  SECRETARY OF STATE TALLAHASSEE FLORID

Proposed corporate name - must include suffix)

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

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## 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.

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ALENA SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1701 SW BZ TERRACE HOLLYWOOD, PL 33025

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SERGUEI KAZAKOU 1701 SW BZ TERRACE HOIIYWOOD PG 330 W

ARTICLE V INCORPORATOR

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

SERGUEI KAZAKOJ 1701 SW BZ TEXRACE HOLLYWOOD PC 33025

Signature/Incorporator

Date

(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 the position agregistered agent

Signature/Registered Agent

Date