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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**NIKKI'S ALL INCLUSIVE ENTERPRISE INC.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION  
OF

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The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:  
NIKKI'S ALL INCLUSIVE ENTERPRISE INC.

The principal place of business of this corporation shall be: 10281 SW 9TH LANE PEMBROKE PINES FL 33025

ARTICLE II NATURE OF BUSINESS

This corporation may engage in, or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

SHIPPING AND HANDLING OF GOODS

ARTICLE III CAPITAL STOCK

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

100

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

YES

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

NICHOLE S. MURPH  
10281 SW 9TH LANE  
PEMBROKE PINES FL 33025

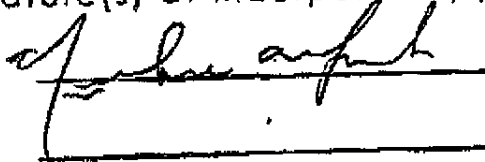
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

NICHOLE MURPH  
10281 SW 9TH LANE  
FEMEBROKE PINES FL 33025

IN WITNESS WHEREOF, the undersigned incorporator(s)  
has (have) executed these Articles of Incorporation  
this, 12th day of SEPTEMBER 2001 2002

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_

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

Pursuant to the provisions of Section 607.325, 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:

NIRKI'S ALL INCLUSIVE ENTERPRISE INC.

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

10281 SW 9TH LANE

(P.O. BOX NOT ACCEPTABLE)

PEMBROKE PINES FL 33025

(CITY/STATE/ZIP)

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SIGNATURE

TITLE

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE