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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Addount Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

bongiovi, corp.

Certificate of Status	O O
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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(H)

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:

BONGIOVI, CORP

ARTICLE II PRINCIPAL OFFICE

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

4310 SHERIAAN STREET #202 HOLLY WOOD FL 33021 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE UI SHARES

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

| 00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

1RVING UNCYK, CPA 4310 SHERIDAN STREET #202 HOLLYWOOD, FL 33021

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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):

LIZA BONGIOVI
13651 NEWFORT MANOR
DAVIE FL. 33345

LOUIS BONGIOVI
13651 NEWBOR MANOR
DAVIE FC. 33325

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

23 day of APRIC , po 2003.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

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

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED LINDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

I. The name of the corporation is:	BONGIONI CORP	
2. The name and address of the regis	tered agent and office is:	<u> </u>
RVING	UNGYK CPA	
43/0 (P.O. Bo	HERIDAN STREET # YOU X OF MAIL DOOP BOX NOT ACCEPTABLE)	SECRET TALLAH/ 03 APR
	1000 FL. 33021	ARY ASSE 28
· · · · · · · · · · · · · · · · · · ·	(Chyistatulu) Igent and to accept service of process for a	AH 8: 0 E. FLORIDA the above stated

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 my position as registered agent.

(SIGNATURE) 4-rr-03 (DATE)

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

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