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Division of Corporations

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

From: Account Name : FILINGS, INC.
Account Number : 072720000101
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FLORIDA PROFIT CORPORATION OR P.A.

DENZELLA B. ASSOCIATES, INC.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

DENZELLA B. ASSOCIATES, INC.

THE UNDERSIGNED, AZANIA ANDREWS executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I - NAME AND MAILING ADDRESS

a. The name of this corporation shall be:

DENZELLA B. ASSOCIATES, INC.

b. The mailing address of this corporation shall be at:

16900 NE 19th Avenue
N. Miami Beach, FL 33162

c. This corporation may have such other places of business in the State of Florida as the nature and progress of the business of the corporation shall, from time to time, render necessary and/or desirable. The Board of Directors may, from time to time, move the principal office to any other address or place in Florida. Said corporation shall have the power to conduct its business outside the State of Florida, or in any and all of the several States and Territories of the United States, including the District of Columbia, and any and all foreign countries and may have one or more offices in any of said places.

ARTICLE II - EXISTENCE

This corporation shall commence existence upon:

The filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual

Stuart A. Lipson, Esq.
Fla. Bar No. 885770
16900 N.E. 19th Avenue
N. Miami Beach, FL 33162
(305) 947-3000

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existence.

ARTICLE III - NATURE OF BUSINESS

The general nature of the business to be transacted by the corporation and its objects and powers shall be as follows:

To transact any and all lawful business under the laws of the United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

a. The aggregate number of shares which this corporation shall have authority to issue is the total sum of 1,000,000 shares, having an individual par value of \$.01 per share.

b. The capital stock may be paid for in property, labor, services or cash.

c. Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V - INITIAL CAPITAL

The amount of capital with which this corporation will begin business shall not be less than \$1,000.00.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

Registered Office: 16900 NE 19th Avenue
N. Miami Beach, FL 33162
Registered Agent: Stuart A. Lipson, Esq.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of three (3) member(s). The number of directors may be increased or decreased from time to time by vote of the stockholders, but in no case shall the number of directors be less than one. The names and address of the directors constituting the initial Board of Directors is/are:

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NAME: GREGORY ANDREWS
ADDRESS: c/o 16900 NE 19th Avenue
N. Miami Beach, FL 33162

NAME: JOVAR ANDREWS
ADDRESS: C/O 16900 NE 19th Avenue
N. Miami Beach, FL 33162

NAME: AZANIA ANDREWS
ADDRESS: C/O 16900 NE 19th Avenue,
N. Miami Beach, FL 33162

ARTICLE VIII - INCORPORATOR

The name and address of the incorporator executing these Articles of Incorporation is:

NAME: AZANIA ANDREWS
ADDRESS: 16900 NE 19th Avenue
N. Miami Beach, FL 33162

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any present or former officer or director, or person exercising powers and duties of a director, to the full extent of the law now or hereafter permitted.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this _____ day of June, 2003.

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)


AZANIA ANDREWS, Incorporator

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared AZANIA ANDREWS, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed

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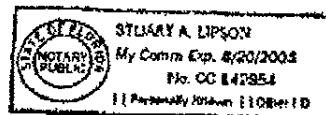
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those Articles of Incorporation; and

THE FOREGOING INSTRUMENT was acknowledged before me this
day of June, 2003, by AZANIA ANDREWS who is personally known
to me or who has produced FL DL as
identification and who did take an oath.

Notary Public, State of
Florida NAME:
ADDRESS
SUITE
Commission No.
My commission expires:



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

03 JUL 14 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 607.34, Florida Statutes, the
following is submitted, in compliance with said Act:

First, that DENZELLA B. ASSOCIATES, INC., desiring to
organize under the laws of the State of Florida, with its
principal office, as indicated in the Articles of Incorporation
at City of N. Miami Beach, Miami-Dade County, State of Florida,
has named Stuart A. Lipson, Esq., located at 16900 NE 19th
Avenue, N. Miami Beach FL 33162 as its agent to accept service
of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above
stated corporation, at place designated in this certificate. I
hereby accept to act in this capacity, and agree to comply with
the provisions of said Act relative to keeping open said office.

Stuart A. Lipson, Esq.,
Registered Agent

THE FOREGOING INSTRUMENT was acknowledged before me this
at 14th day of July, 2003, by Stuart A. Lipson, Esq. who is
personally known to me or who has produced
as identification and who did take
an oath.

Rosa Ana Matos
Notary Public, State of
Florida NAME:
ADDRESS
SUITE
Commission No.:
My commission expires:



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