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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Littly Maine) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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ONVISION OF CORPORATIONS

ON VISION OF CORPORATIONS

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Office Use Only



TRANSMITTAL LETTER

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

| SUBJECT: | HIATARI INC. | | | | |
|--------------------------|---|---------------------------|------------------|--|--|
| | (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | |
| | | | | | |
| | | | | | |
| Enclosed are an ori | ginal and one (1) copy of the arti | cles of incorporation and | a check for: | | |
| Distributed and and only | sinus and one (1) copy of the art | eles of meorpolation and | a check for. | | |
| □ \$70.00 | \$78.75 | \$78.75 | 2 \$87.50 | | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | | |
| | & Certificate of Status | & Certified Copy | ** | | |
| | | | & Certificate of | | |
| | | ADDETIONALGO | Status | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| FROM: | RAYMUNDO BALTAZAR | | | | |
| | Name (Printed or typed) | | | | |
| | | | | | |
| | 13970 SW 158 TERRACE Address | | | | |
| | | | | | |
| | AAIANAI EL S | 22477 | | | |
| | MIAMI, FL. 33177 City, State & Zip | | | | |
| | | | | | |
| | HOME: (305) 235-4178/ | CEL: (786) 587-455 | 4 | | |
| | Daytime T | elephone number | | | |

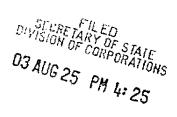
NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: HIATARI INC.



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 109 NORTH KROME AVE. HOMESTEAD, FL. 33030 USA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): RAYMUNDO BALTAZAR: PRESIDENT/TREASURER 13970 SW 158 TERRACE MIAMI, FL. 33177

PURA BAKER: VICE PRESIDENT/SECRETARY 13970 SW 158 TERRACE

MIAMI, FL. 33177

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is: RAYMUNDO BALTAZAR 13970 SW 158 TERRACE

MIAMI, FL. 33177

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

RAYMUNDO BALTAZAR 13970 SW 158 TERRACE MIAMI, FL. 33177

| ************ | ******* | ********** | |
|---|--|--|---|
| Having been named as registered agent to accept service certificate, I am familiar, with and accept the appointment | ce of process for the above stat nt as registered agent and agree | ed corporation at the place designated in the to act in this capacity | S |
| Pula | | 8/22/2003 | |
| Standure Registered Agent | | Date | |
| Mila | | 8/22/2003 | |
| Signature/Incorporator | | Date | |