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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 : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

FLORIDA PROFIT CORPORATION OR P.A.

GenKim Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-12-03

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DEC-10-2003 WED 05:53 PM FROM:

FAX:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be :

GenKim Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is :

2255 82 nd. Ave. North, Suite 2101
St. Petersburg, Florida 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity
business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$.10

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers:

DIRECTOR & PRESIDENT:

Anthony Novack
2255 82nd. Ave. North, Apt. 2101
St. Petersburg, Florida 33702

DIRECTOR & VICE-PRESIDENT:

Michael L. Kimbrough
18 Wavecrest Ave. Apt. #7
Venice, California 90291

DIRECTOR & SECRETARY:

Sara Augustin
2255 82nd. Ave. North, Apt. 2101
St. Petersburg, Florida 33702

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 GenKim Inc.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

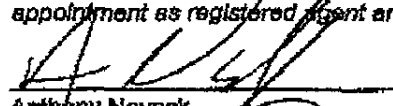
Anthony Novack
2255 82nd Ave. North, Apt. 2101
St. Petersburg, Florida 33702

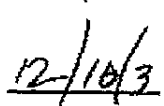
ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

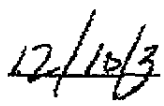
Anthony Novack
2255 82nd Ave. North, Apt. 2101
St. Petersburg, Florida 33702

Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Anthony Novack
Signature / Registered Agent


Date


Anthony Novack
Signature/Incorporator


Date

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