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Florida Department of State
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

SHANKER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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FILED
04 FEB 27 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial registered agent and address is:

PRAFULCHANDRA S. PATEL
19345 E. ST. ANDREWS DRIVE
MIAMI, FL. 33015

ARTICLE VI - INCORPORATOR

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

PRAFULCHANDRA S. PATEL
19345 E. ST. ANDREWS DRIVE
MIAMI, FL. 33015

ARTICLE VII - OFFICERS AND DIRECTORS

The initial board of directors of the corporation shall be composed of one director. The name and address of the initial officer(s) and director(s) shall hold office for the first year of the corporation, or until a successor(s) is elected or appointed is/are:

NAME	ADDRESS	POSITION
PRAFULCHANDRA S. PATEL	19345 E. ST. ANDREWS DR. MIAMI, FL. 33015	PRESIDENT

ARTICLE VIII - CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles of incorporation, 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.

The undersigned incorporator has executed these Articles of Incorporation this 26TH of FEBRUARY, 2004.


PRAFULCHANDRA S. PATEL
REGISTERED AGENT/INCORPORATOR

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TALLAHASSEE, FLORIDA

TOTAL P.04

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NOTARY PUBLIC

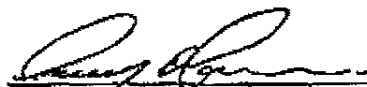
STATE OF FLORIDA
COUNTY OF DADE

I HEREBY CERTIFY that the foregoing Articles of Incorporation were subscribed before me by the above persons who produces FLORIDA DRIVER'S LICENSE as proof of their identification on this 26TH day of FEBRUARY, 2004 in, MIAMI, FLORIDA, [DADE COUNTY].

MY COMMISSION EXPIRES:



Caridad Machado
Commission #DD258874
Expires: Oct 15, 2007
Bonded Thru
Atlantic Bonding Co., Inc.



SIGNATURE OF NOTARY PUBLIC OR OFFICER
ADMINISTERING OATH)

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