Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000080229 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

pardi enterprises, inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

4D. WHITE APR 1 6 2004

Electronic Filing Manu-



THE ARTICLES OF INCORPORATION

0F

2004 APR 15 A 8: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PARDI ENTERPRISES, INC.

ARTICLE I

This corporation shall be known as:

PARDI ENTERPRISES, INC.

ARTICLE II

The purpose of this corporation is to:

Conduct any lawful business.

ARTICLE III

The principal place of business and mailing address of the corporation is:

1701 West Flagler Street - Suite 11, Miami, Florida 33135

ARTICLE IV

The corporation is authorized:

1,000 shares of stock at a par value of \$1.00 per share.

ARTICLE V

The initial registered agent for service of process is:

John Pardi, 1701 West Flagler Street - Suite 11, Miami, Florida 33135

ARTICLE VI

The initial Board of Directors shall have two (2) Directors who are:

John Pardi, 1865 79th Street Causeway, Apt. 14-N, North Bay Village, Florida 33141

Erick Pardi, 235 East Sau Marino Drive, Miami Beach, Florida 33139

ARTICLE VII

The incorporator of this corporation is:

Erick Pardi, 235 East San Marino Drive, Miami, Beach, Florida 33139

Signature of Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this carlificate, 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 of Registered Agent

Dote: April 12, 2004

This document prepared by: Arthur Joel Levine, Esq. 2051 N.W.] J^a St. – Suite I Miami, Fi 33125 Tel. (305) 644-5898 Fex. (305) 644-2253

SECRETARY OF STATE

H040000000000