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CORPORATION NAME(s) &	DOCUMENT NUMB	BER(S) (if known):
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NonProfit	Resignation of R.	A., Officer/Director
. Limited Liability	Change of Registe	ered Agent
Domestication	Dissolution/Withda	rawal
Other	Merger	
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OTHER FILIGS	REGISTRATION	

Annual Report	QUALIFICATION	
Fictitious Name Name Reservation	Foreign	
	Limited Partnership	
	Reinstatement	
	Trademark	
	Other	

Examiner's Initials

ARTICLES OF INCORPORATION

FILED 04 OCT -6 PM I: I:

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adoption Act, hereby adoption of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: Temberation Zone Inc

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

4460 nw 107 pr. apt 308

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YUSANKA ACOSTA

4460 nw 109 DU # 308 Higimi # 33178

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

SUSANKA ACOSTA

4460 NW 107 DU # 308 Higm; 71 33178

The undersigned incorporator has executed these Articles of Incorporation this 5 day of 1000 2004

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Luis Acosta - President Yusanka Acosta - Vice president 4460 nw 107 DU # 308 Wami # 33178

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

: ; ;