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Florida Department of State

Division of Corporations Public Access System

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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/NON PROFIT CORPORATION

island way enterprises inc.

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

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Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Island Way Enterprises The .

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 18711 N.W. 28th Place Miami, Florida 33056

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are: Julian Rolle

18711 N.W. 28* Place Miami, Florida 33056

ARTICLE V INCORPORATOR

The usme and address of the incorporator to these Articles of Incorporation are: Julian Rolle 18711 N.W. 28th Place

Miami, Florida 33056

ARTICLE VI OFFICERS AND DIRECTORS

Julian Rolle - DP 18711 N.W. 28th Place Miami, Florida 33056

Signature/Incorporator

03-37-06 Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I herein accept the appaint ment as registered agent and agree to act in this capacity. I further agree to comply with the provinces of all statues relating to the proper and complete performance of my duties, and I and familiar with and sociept the obligations of my position as registered agent.

Signature/Registered Agent