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SECRETARY OF STATE

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: KLASTK ENTERPRISE CORPORATE NAME - MUST INCLUDE SUFFIX)

inclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fec, Certified Copy & Certificate of Status DPY REQUIRED

FROM: _	REGINALD KNIGHTS Name (Printed or typed)
	Name (Printed or typed)
	6204 N NEBRASKA
	Address
	Tampa FL 33604
	City, State & Zip
	813 234 3304
	Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I	<u>NAME</u>	
The name of the	corporation shall be:	_

KLASIK ENTERPRISE CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

NOTERAL NOTERAL AND SERVICE AND SERVI Tampa FL 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all Lawfull business

ARTICLE IV SHARES

The number of shares of stock is:

10

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
6204 NNebraska - Reginois Knights
Tampa FL 33604
The name and address of the Incorporator is: 6204 W Nebraska - Reginal Knights
620H W 10000000 -
Tampa FL 33 604

Having been named as registered agent to accept service of process for the above stated 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
Regulated Knights 11.16.07 Signature/Registered Agent Regulated Knights 11.16.07
Signature/Incorporator Date

FILED

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SECRETARY OF STATE
TALL AREASY OF STATE