P956000 22/30

TRANSMITTAL LETTER

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

The first of the second of the SANSURNEE II INC. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee, Certified Copy Filing Fee & Certificate & Certified Copy & Certificate Additional Copy Required TARA PRASAD FROM: Name (printed or typed) 901 PALMETTO DRIVE Address COCONUT CREEK FL. 33066 City, State & Zip Ø 305-426-6660

Must

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

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The name of the corporation shall be:

SANSURNEE II INC

ARTICLE II PRINCIPAL OFFICE

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

901 PAIMETTO DRIVE COCONUT CREEK FL. 33066

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TARA PRASAD 901 PALMETTO DRIVE COCCONUT CREEK FL. 33066

ARTICLE V INCORPORATOR(S)

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

TARA PRABAD 901 PALMETTO DRIVE COCCONUT CREEK FI., 33066

SANGIEVE PRASAD 901 PALMETTO DRIVE COCONUT CREEK FL, 33066

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15th day of MARCH 19 95

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

SANSURNEE LI INC

1. The nam	e of the corporation is:		
	<u></u>		
2. The name	e and address of the registered agent and office is	# () () ()	
	TARA PRASAD		. u
	(Name)		
	901 PALMETTO DRIVE		31 2
	(P.O. Box or Mail Drop Box NOT acceptab	ole) 'CO	
	COCONUT CREEK FL. 33066	(A)	
	(City/State/Zip)		
Having been above stated the appoint to comply wi formance of i tion as regist	n named as registered agent and to accept service of corporation at the place designated in this certific pent as registered agent and agree to act in this ca th the provisions of all statutes relating to the prop my duties, and I am familiar with and accept the ob- lered agent.	of process for the cate, I hereby accept apacity. I further agree per and complete perbligations of my posi-	
_las	(Signature)	(Date)	