P95000025855

TRANSMITTAL LETTER

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

300001443533 -03/30/95--01015--011 +****70.00

SUBJECT: SUZI	WD SHALOM Proposed corporate	ENTERRISE a name - must include su	ZIVC Offix)	95 NAR 2 SELAHA PALLAHA	total
Enclosed is an original for : \$70.00	and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of \$122.50 Filing Fee & Certified Copy	incorporation and \$131.25 Filing Fee, Certified Copy & Certificate		HA STATE
FROM:	^	1 COHEN e (printed or : , red) JCLANA ISL 3 Address	D1		
	305-94	ity, State & Zip 444-9121 B Telephone number	433160		

5

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

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

The name of the corporation shall be: Suzi NUZ SHALOM ENTER PRISE INC

ARTICLE II PRINCIPAL OFFICE

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

247 POINCIANA ISL DR N.M. BERCL FL, 33160

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHALOM COHEN 247 POINCIANA ISLAND DR N-M. Beach, 7L 33/60

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): 247 POWCIANATSLAND DR N.M. BEOCH, 74,33/60

The undersigned incorporator(s) has	(have) executed the	se Articles of Incorporation this
_	२3	_ 19 <u>95</u> .
Mala	Signature	
	Signature	
	Signature	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFIC

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.

- 1. The name of the corporation is: Suzi AND SHARM ENTERPRICES IN C
- 2. The name and address of the registered agent and office is:

CHRIM WE SUZI COHEN (Name)

247 POINGANA ISLOR N.MB 7c.33/60

NMB FLOUDE 33160

(City/State/Zip)

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 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

(Signature) 3 - 0 3.

(Date)