TRANSMITTAL LETTER

95 APR 27 FII 12 54

7048

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

SUBJECT: SHA	KTI CORPOR	ATION OF PORTORA	1167 8.
		name - must include suffix)	
			800001467048 -04/27/3501064009 ++++122.50 ++++122.50
Enclosed is an origina for :	l and one (1) co	py of the articles of incorpora	ation and a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 \$131 Filing Fee Filing F & Certified Copy Certified & Certified Additional Copy Require	ce, Copy cate
FROM:	кізно		
	Name	(printed or typed)	
	4036-1	3 SOUTH NOTE &D Address	<u></u>
		ORANGE FL 321119	1
	904 -	767- 7766	

HARRY HENDRICKS APR 27 1995

NOTE: Please provide the original and one vary or the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION

95 AFR 27 M 12 54

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:

SHAKTI CORPORATION OF PORTORANGE

ARTICLE II PRINCIPAL OFFICE

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

4036 B S NOVE RO.

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

KISHOR J. TAILOR 591. Center St., ORIDENIA BEACH FL 32174

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

KISHOR J. TAILOR 595 Centil ST., ORMEND BEACH FL-34174

DHITU Bhagwakare 1473 Dee RE, Desplains 12-60016.

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

THO day of 27th April , 1995.

Signature
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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. Th	ne name of the corporation is: SHRKT1 CORPORAT	10N 07 Post oxunge
2. Th	ne name and address of the registered agent and office is:	
	KISHOR J. TAILOR (NAME)	- TES 53 - T
	519 Centre St.	TR 2/
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE) O FING ALD 135 A-CH J-1 - 34174 (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 as registered agent.

(SIGNATURE) 4 26 95 (DATE)