2/1/96 D Address N Ļ City Biple ZIP Phone 400001705167 -02/02/96--01044--029 \*\*\*\*122.50 \*\*\*\*122.50 CORPORATION(S) NAME SAMI ternation MPIRE ं S Toll Free: 1-800-432-3028 X Profit NonProfit ( ) Amendment ( ) Merger ) Foreign ) Dissolution ( ) Mark ) Limited Partnership ) Annual Report ) Reinstatement ) Reservation ) Change of Registered Agent Certified Copy ) Photo Copies ( ) Certificate Under Seal ) Call When Ready ) Call If Problem ( ) After 4:30 Walk In ( ) Will Walt ( Fick Up ( ) Mall Out Availability Document Esemiana Updater

F. CHESSER

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Acknowledgment

W.P. Verifier

## ARTICLES OF INCORPORATION

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AL SAMIT	ノルナビル ベイ	TIDNAL	_ /	NC.	
	(name	of corporatio	n)		
The undersigned subscriber(s) to the corporation under the laws of the S	nese Articles of Incorp tate of Florida.	ocration, natur	ral person(	s) competent	to contract, hereby form
The name of the corporation is:	ARTICLE 1 -	CORPORATI	E NAME		
AL SAMIT IN	TER NATIO	NAL	INC		96 F
This corporation shall exist perpetu		E II - DURATI		·.	FILED FEB -2 PH 1
	ARTICL	E III • PURPO	OSE		l: 02 Sla-c FLORIDA
The corporation is organized for the United States and the State of Florid	purpose of engaging la.	in any activit	ies or busi	ness permitted	I under the laws of the
	ARTICLE IV	/- CAPITAL S	тоск		
The corporation is authorized to issue Dollar(s) (\$) par	ue /00 value Common Stock	share , which scall t	es ( be designa	) of ted "Common	NO Shares"
ARTI	CLE V - INITIAL REC	GISTERED O	FFICE AN	'D AGENT	
The street address of the Initial Regi	istered Agent office a	nd the name o	f the Initia	l Registered /	Agent at that office is:
NAME MOAZAM . ADDRESS 8240 5 M	A PESH	-IMAM	1		
ADDRESS 8240 5 M	1. 11 th STR	2 EET		··········	
CITY NORTH LANDE	RDALE	FLOR	IDA		ZIP 3326
The principal office, if known, or the	mailing address of the	he corporation	ı is:		
NAME #1 Samit	Intern	ation	al,	INC	•
ADDRESS 8240 C. M.	1. 11115 STI	CECT	<i>t</i>		
CITY NORTH LAUDER	DALF	FLORI	IDΑ		<sub>ZIP</sub> 330 d

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

increased of diminished from time to time by the By-La	iws, but shall never	idally. The number of direction be less than one (1). The n	tors may be eithe
of the initial director(s) of the corporation are as follows	S:		
NAME MONZIM 11 PESII	-12714	· · · · · · · · · · · · · · · · · · ·	
ADDRESS 8240 S. J.J. 1115	SINTET		
CITY NORTH LAUDER DALE	STATE	FLORIDA	<sub>ZIP</sub> 3306
NAME GULAN MOKIANIKE	D PESII-	MINM	
ADDRESS 8240 5.W. 1115 5	TREET		
CITY NORTH LAUDERDACE	STATE	FLORIDA	ZIP 33008
NAME			
ADDRESS			
CITY	STATE		ZIP
NAME MOAZAM A PESH- ADDRESS 8240 S.W. 111/1 ST. CITY NORTH LANDERDALE NAME CYULAM MOHAMME ADDRESS 8240 S.WI. 111/1 1	RECT STATE  D PES		zip 33118
ADDRESS ロムタロ コ・ドリ・ リー・	STIFET	· · · · · · · · · · · · · · · · · · ·	
		FLORIDA	un 338 kd
CITY NORTH LANDER DATE		FLORIDA	<sub>ZIP</sub> 338 63
CITY NORTH LANDER DATE		FLORIDA	<sub>ZIP</sub> 338 61
		FLORIDA	ZIP 338 KI

## CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

AL	SAMIT	INTERNATIONAL	INC.		
(name of corporation)					

Pursuant to Florida Statutes Sections 48.091 and 607,0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 824	0 S.W. 11 16 S	TREET				
NORTH	LAUDERDALE,	FLORIDA	3306	S		_
has named	MOAZAM A.	PESH-IM	9m	TLA.	33.99	_ _
located at the	aforesaid address, as its Re	gistered Agent to acco	pt service of p	orgeess	ηξh	iŋ=
this state.				`	P	Ē
	ACKNO	<i>WLEDGEMENT</i>		Sî À i E LORIDA	5:0:1	

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Mongin Pshiman (required agent)