LAW OFFICES OF STICKMAN

MEMBER OF FLORID CAND NEW YORK BARS

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Florida Department of State 409 East Gaines Street Tallahassee, Florida 32399 AIRBORNE EXPRESS: AIRBILL #: 4474996875

RE: C.V.K.

Ladies and Gentlemen:

Enclosed please find an original and one (1) copy of the Articles of Incorporation of C.V.K., INC. Upon issuance of the Articles please return a conformed copy of the Articles and certificate. A return envelope is enclosed for your convenience.

My check payable to the Secretary of State in the sum of \$70.00 is enclosed.

Thank you for your attention to the foregoing.

Very truly yours,

OTEVEN FRIEDMAN, ESQ.

SF/slw

Enclosures

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## ARTICLES OF INCORPORATION

TALLAHASSEL, I LURIDA

THE UNDERSIGNED, incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopts the following articles of Incorporation.

ONE: The name of the Corporation is:

C. V. K., INC.

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

8826 West McNab Road Bldg. 5 Unit 202 Tamarac, Florida 33321

THREE: The Corporation shall have perpetual existence, unless sooner dissolved according to law. The date when the Corporation shall commence is upon the filing of these Articles Of Incorporation by the Department Of State, State Of Florida.

FOUR: The general purpose for which this Corporation is initially organized and the general nature of the business to be transacted by said corporation shall be and is as follows:

To engage in, transact and include the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State Of Florida, including the Plorida General Corporation Act. as amended.

FIVE: The aggregate number of shares which this corporation shall have authority to issue shall be a total of One Thousand (1000) Shares, no par value common.

BIXTM: The street address of its initial registered agent's office is 8826 West McNab Road, Bldg. 5, Unit 202, Tamarac, Flor'da 33321. The name of its initial registered agent at such office is MARIAN KALMAN. I hereby accept to act as registered agent at the office so designated.

MARIAN KALMAN, REGISTERED AGENT

SEVEN: The number of directors constituting the Board Of Directors shall be two. Thereafter, the Board Of Directors way be expanded. The name and address of each person who is to serve as a member of the initial Board Of Directors is:

JOHN KALMAN 8826 West McMab Road 81dg. 5 Unit 402 Tambrac, Florida 33321

 $\mathbf{a}$ 

MARIAN KALMAN 8026 West McMab Road Bldg. 5 Unit 202 Tamarac, FL 33321

gight: The name and address of each incorporator is:

MARIAM KALMAM 8826 West McMab Rosá Bldg. 5 Unit 202 Tamarac, Florida 33321 MINTH: The officers of this Corporation shall be a President, Vice-president, Secretary, and Treasurer and such other officers or agents as may be deemed necessary. All agents and officers shall be chosen in such manner, hold their offices for such terms and have such powers and duties as may be prescribed by the By-Lans as detachined by the Board Of Directors.

TEN: These Articles Of Incorporation may be amended in the manner as provided by law.

## CERTIFICATE OF SERVICE

IN WITHERS WARREOF, I, the undersigned, subscribing incorporator, have hereunto set my hand and seal this 28 day of hereby make and file, in the Office Of The secretary Of State Of The State Of Florida, this, CERTIFICATE OF INCORPORATION and certify that the facts herein stated are true.

MARIAN KALMAN, INCORPORATOR

Attorney: Steven Friedman 235 North University Drive Pembroke Pines, Florida 33024 Telephone: 954-966-2710 STATE OF FLORIDA)
| SS:
COUNTY OF BROWARD |

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I NERRBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County afore said to take acknowledgments, personally appeared

## MARIAN KALMAN,

to me known to be the person described in and who executed the foregoing Articles of Incorporation and he has acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed and he did take an oath.

personally known: \_\_\_\_\_\_ or produced I.D.\_\_\_\_\_\_

Type of I.D. Produced:

MOTARY PUBLIC

My commission expires:

OFFICIAL NOTAKY SECTOMENT NOTARY PUBLIC STATE OF FLOKIDA COMMISSION NO COSSOCIAL MY COMMISSION FOR MAY 1 1 1 1 1 1