Original

P9600065708

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: AMKASH CORPORATION

(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 & Certificate & Certified Copy & Certified Copy & Certified Copy & Certificate Additional Copy Required

FROM:

JAGDEEP BHUTA

Name (printed or typed)

9908 MARGATE HILLS ROAD

JACKSONVILLE FL 32256

(904) 363- 6989

Daytime Telephone number

55/7

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

er eichaffn ein:

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 1 NAME

The name of the corporation shall be:

AMKASH CORPORATION.

ARTICLE II . PRINCIPAL OFFICE

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

9908 MARGATE HILLS ROAD JACKSONVILLE FL 32256

ARTICLE III SHARES

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

1.000 COMMUN Stocks

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

JAGDEEP BHUTA 9908 MARGATE HILLS ROAD JACKSONVILLE FL 32256.

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):

JAGDEEP BHUTA 9908 MARGATE HILLS ROAD JACKSONVILLE FL 32256

The under	rsigned incorporator(s) has(have) executed these Articles of Incorporation th	is
1 <u>st</u>	day of AUGUST , 1996 .	
(An additio	onal article must be added if an effective date is requested.)	
	Signature V. Politica	
	Signature	
	Signature	

Notarization is not required

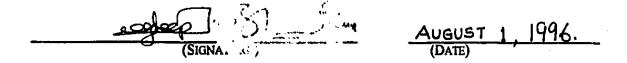
NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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. The name of the corporation is	AMKASH CORPORA	TION
2. The name and address of the	registered agent and office is:	10 20
	GDEEP BHUTA	95 18 - SE - S
991	08 MARGATE HILLS ROAD O. Box of Mail Drop Box NOT ACCEPTABLE)	
	CKSONVILLE FL 32256	15

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 register.



Secretary of State

May 27, 1997

AMKASH CORPORATION 9908 MARGATE HILLS ROAD JACKSONVILLE, FL 32256

SUBJECT: AMKASH CORPORATION Ref. Number: P96000065708

Debit Memo #: 8197-GGG

This is to inform you that check #1045 in the amount of \$165.00 submitted with the annual report for AMKASH CORPORATION has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after July 27, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey Accountant I

Letter Number: 797A00028477

P427065768

500002215255--2 -06/18/97--01006--009 ****180.00 ****180.00

June 16, 1997

REPLACEMENT FEE 1997

ANNUAL REPORT: AMKASH CORPORATION

DEBIT MEMO: # 8197-GGG

CHECK #: 1045

