

THE A LEVEL OF THE STREET ACCOUNT NO. : 07210000032

REFERENCE: 079617 120675A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: September 9, 1996

ORDER TIME : 9:14 AM

ORDER NO. : 079617

CUSTOMER NO: 120675A

CUSTOMER: Ms. Betty De La Maza

E.K. WILLIAMS BUSINESS

CONSULTANTS

Suite 6

1521 Forest Hill Boulevard West Palm Beach, FL 33406

DOMESTIC FILING

NAME:

TAMIKO ENTERPRISES

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest

EXAMINER'S INITIALS:

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W96 _ 19134

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 11, 1996

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: TAMIKO ENTERPRISES Ref. Number: W96000019134 RESUBMIT

Please give original submission date as file date.

We have received your document for TAMIKO ENTERPRISES and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 496A00042324



ARIICLES OF INCORPORATION OF

95 STP 11 PH 1: 23

TOMINO INTERPRISES, INC.

THE UNDERSTANCE INCORPORATORES), LOR DHE PURPOSE OF FORMING A COMPORATION UNDER THE FLORIDA RUSINESS ACT, HERERY ADORTES INCORPORATION.

- - - -

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

TAMIKO ENTERPRISES, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL $\ensuremath{\mathsf{BC}}$:

6673-B LAKE WORTH ROAD LAKE WORTH, FL 33467

ARTICLE III CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1,000 AT 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS:

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

SARA MARKIS 1647 BRESEC ROAD WEST PACM BEACH, FL 33415

ARTICLE Y INCORPORATION(5)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS(ARE):

SARA MARKIS 1642 BRESEF ROAD WEST PALM BEACH, FL 33415

THE UNDERSIGNED HAS(HAVE) EXECUTED THIS STATEMENT THIS	CUTED THESE ARTICLES OF 1996.
	Sura Markes
	SARA MARKIS, PRESIDENT
	SIGNATURE/TITLE
	SIGNATURE/TITLE
	SIGNATURE/TITLE
STATE OF FLORIDA) COUNTY OF PALM BEACH)	
I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME. A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY NAMED ABOVE TO TAKE ACKNOWLEDGEMENTS TO ME KNOWN TO BE THE PERSONS DESCRIBED AS SUBSCRIBERS IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION. AND ACKNOWLEDGED BEFORE ME THAT THEY SUBSCRIBED TO THESE ARTICLES OF INCORPORATION.	
SHORN AND SUBSCRIBED TO BEFORE	ME THIS TO DAY OF
(Lette delasze
	NOTARY PUBLIC, STATE OF FLORIDA MY COMMISSION EXPIRES:

OFFICIAL NOTARY SEAL SETTY DE LA MAZA NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CO169213

MY COMMISSION EXP. AUG. 17,1999

PROCEDURATIONS OF STATE OF STATE

CORTIFICATE OF DESIGNATION PROTESTERED AGENTYREGISTIRED OFFICE

98 SEP 11 PH 1:23

Pursuant to the provisions of section 607 0501. Florida Statutos, the undersigned corporation, organized under the law: of the State of Florida, submits the following statement in designating the registered office/pogistered agent, in the state of Florida.

The name of the corporation is:	
TAMIKO ENTERPRISES, INC.	
The name and address of the registered agent and office is:	
SARA MARKIS (NAME)	
1647 BRESEE ROAD (P.O. BOX NOT ACCEPTABLE)	
WEST PALM BEACH, FL 33415(CITY/STATE/ZIP)	
SIGNATURE SOLO MORIES SARA MARKIS TITLE PRESIDENT	
DATE_SUPT 5,1996	
ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINT-IT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. URTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY ITION AS REGISTERED AGENT. SIGNATURE SARA MARKINE DATE SARA MARKINE DATE	