. Hoffmeier Accounting & Jax Service, Inc.
5101 N.W. 21st Avenue, Suite 200, Fort Lauderdale, Florida 33309
Phone (305) 735-8770 • Fax (305) 733-9220

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STATE OF FLORIDA DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASUEE, FLORIDA 32314

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GENTLEMEN:

ENCLOSED PLEASE FIND ARTICLES OF INCORPORATION FOR ASSOCIATES, INC. ALONG WITH OUR CHECK IN THE AMOUNT OF \$122.50 TO COVER THE FILLING COST OF THIS CORPORATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT US AT THE ABOVE ADDRESS OR TELEPHONE NUMBER.

THANK YOU,

LISA J. DARBRO

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ARTICLES OF INCORPORATION

OF

K A Z & ASSOCIATES, INC.

K A Z & ASSOCIATES, INC.

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION AND A NATURAL PERSON, COMPETENT TO CONTRACT, ASSOCIATED TO FORM A CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA: AND FURTHER AGREES TO THE FOLLOWING CONDITIONS OF SAID CORPORATION.

ARTICLE I: NAME

THE NAME OF THE CORPORATION IS: K A Z & ASSOCIATES, INC.

ARTICLE II: NATURE OF BUSINESS

THE GENERAL NATURE OF THE BUSINESS AND THE OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED BY THE CORPORATION, AND THE POWERS AND PRIVILEGES TO BE EXERCISED BY IT SHALL INCLUDE ALL POWERS THAT ARE GIVEN TO THE BODIES CORPORATE UNDER THE STATUTES OF THE STATE OF FLORIDA, AND THE LAWS OF THE UNITED STATES, TOGETHER WILL ALL RIGHTS POWERS AND PRIVILEGES INCIDENT THERETO.

ARTICLE III: CAPITAL STOCK

THE CAPITAL STOCK OF THE CORPORATION SHALL CONSIST OF ONE HUNDRED (100) SHARES OF A PAR VALUE OF ONE (\$1.00) DOLLAR EACH, WHICH STOCK SHALL BE PAID FOR IN CASH, REAL OR PERSONAL PROPERTY OR IN SERVICES. THE VALUE OF EACH SUCH REAL OR PERSONAL PROPERTY OR SERVICES SHALL BE FIXED BY THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE STOCK SHALL BE ISSUED ON THE VALUE SO FIXED. ALL STOCK SHALL BE FULLY PAID FOR AND NON-ASSESSABLE.

ARTICLE IV: TERM OF EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS IT BE DISSOLVED BY ACTION OF LAW.

ARTICLE V: PLACE OF BUSINESS

INITIAL REGISTERED OFFICE INITIAL REGISTERED AGENT

THE INITIAL REGISTERED OFFICE AND PLACE OF BUSINESS OF THIS CORPORATION IN THE STATE OF FLORIDA IS:

PLACE OF BUSINESS

6408 EVANS STREET

HOLLYWOOD FLORIDA 33024

REGISTERED OFFICE

6408 EVANS STREET

HOLLYWOOD FLORIDA 33024

THE INITIAL REGISTERED AGENT IS:

SILVIA FARI

6408 EVANS STREET

HOLLYWOOD FLORIDA 33024

ARTICLE VI: DIRECTOR

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE CHANGED FROM TIME TO TIME AS THE STOCKHOLDERS DESIRE, IN ACCORDANCE WITH THE BY-LAWS HEREOF.

ARTICLE VII: INITIAL DIRECTORS

THE NAME AND STREET ADDRESS OF THE FIRST BOARD OF DIRECTORS IS AS FOLLOWS:

NAME SILVIA FARI ADDRESS 6408 EVANS STREET HOLLYWOOD FLORIDA 33024

ARTICLE VIII: SUBSCRIBERS

THE NAME AND STREET ADDRESS OF THE SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION IS AS FOLLOWS:

NAME SILVIA FARI ADDRESS 6408 EVANS STREET HOLLYWOOD FLORIDA 33024

ARTICLE IX: AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS, AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCKHOLDERS.

IN WITNESS	WHEREOF,	I HAVE	HEREUNTO	SET MY	HAND	AND	SEAL	THIS	
 28 th	DAY OF_	OCTO	ner	, 19	960				
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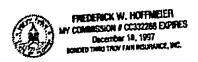
I, SILVIA FARI, UNDERSIGNED DO ACKNOWLEDGE THAT I AM FAMILIAR WITH THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT FOR A CORPORATION, AND AS SUCH, DO HEREBY ACCEPT AS REGISTERED AGENT FOR

K A Z ASSOCIATES, INC.

--(SEAL)

STATE OF FLORIDA)
) 55:
COUNTY OF BROWARD)
I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC
DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED
SILVIA FARI
TO ME KNOWN TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO DID
EXECUTE THE FOREGOING ARTICLES OF INCORPORATION.
WITNESS MY HAND AND OFFICIAL SEAL THIS 28 4 DAY OF
october, 1996.
•
Julio n/1 off
NOTARY PUBLIC -STATE OF FLORIDA

MY COMMISSION EXPIRES:



STATE	OF	FLORIDA)
) 88
COUNTY	OF	BROWARD)

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC,
DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED

SILVIA FARI

TO ME KNOWN TO BE THE PERSON DESCRIBED AS REGISTERED AGENT AND WHO DID HEREBY ACCEPT AS REGISTERED AGENT.

WITNESS MY HAND AND OFFICIAL SEAL THIS 38.610	DAY OF
<u>october</u> , 1996.	96 NOV -
NOTARY PUBLIC -STATE OF FLORIDA	ILED -6 PK 1: 23 -6: OF STATE SSEE, FLORID

MY COMMISSION EXPIRES:

