P9600099918

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 3	2314		
SUBJECT:	SAI BABA (Proposed corpora	S OF MIA	MI, INC.
		8000020 -12/10/ ******	0238988 79601002017 78.75 *****78.75
Enclosed is an ori	ginal and one(1) copy of the articles	s of incorporation and a c	heck for:
\$70.00 Filing Fee		\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: _	Name (Printed	MCHANDA &	1 I
333A3	1321-B N.E.	163 SP 1	TALL FEET BE
n _{olo} ,	No. Higui Bed City, State	& Zip 5. 3.	FILED 96 DEC -9 AN II: 03 SECRETARY OF STATE ALLAHASSEE, FLORIDA
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11.4.96 11.4.96		ASHOK KARAMCHANI AUTHORIZATION BY PH COTRECT ART. TILL & DATE 12.11.96 DOC. EXAM KR	A GAVE
337	Outra The		13.11,

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

November 4, 1996

ASHOK KARAMCHANDANI 1321-B NE 163 STREET MALL NORTH MIAMI BEACH, FL 33162

SUBJECT: SAI BABA'S INC. Ref. Number: W96000023393

We have received your document for SAI BABA'S INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 296A00050652

ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

SAI BABA'S OF MIAHI, INC.

FILED AMII: 03
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SECRETARY OF ELORIDI
TALLARISSEE, FLORIDI

ARTICLE II PRINCIPAL OFFICE

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

1321-B NE 163 SA MALL NO. HIAMI BEACH, FI. 33162

ARTICLE III SHARES

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

ONE (1)

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

ASHOK KARAMCHANDANI TILO, SO. Side BIVD #607, Tacksonville, 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):

ASHOK K. KARAMCHANDANI. 1321-B NE 163 St. MALL North Miami BEACH, FL 33162

The und	ersigned inc	orporator(s) has(have	e) executed these Articles of Inco	orporation this
<u> </u>	day of	DCT	, 19 <u>96</u> .	
(An addi	tional article	must be added if an	effective date is requested.)	
	_		Signature	· · · · · · · · · · · · · · · · · · ·
			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:	SATRARA'S OF MIAHI	, INC
2. The name and address of the regist	tered agent and office is:	
ASHOK	KARAMCHAN MANTER &	· · · · · · · · · · · · · · · · · · ·
7740, (P.O. Bo	Side BLVA 41607, SSE OF THE STANDARD BOX NOT ACCEPTABLE)	
Jackso	NILL FI 32256 BH B	

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 registered agent.

(SIGNATURE) (DATE) 48