OIMG TRANSMITTAL LETTER 700002 -005 -01096-3/96-Department of State ****122.50 ****122.58 **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: SHERRY AFRICAN (proposed corporate name) STORE, INC Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 188 1 22.5.0 AKANNI EDLA M. FROM: Name ERR # 106 . W 5169 N. MIAM City, State, & Zip (305)653-P(305) 703-7667 337 Telephone Number FILE 13 AH 8: 31 Note: Additional copy of articles is needed when certified copy is requested. De

ARTICLES OF INCORPORATION

<u>OF</u>

SHEBRY AFRICAN STORE, INC

95 DEC 13 AM 8: 34

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 | NAME IDE: SHERRY AFRICAN STORE, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

899 N.W 213 TERR #106 N. MIAMI, PL 33169

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: -7,500SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ADEOLA M. AKANNI 899 NW. 213 TERR #106 N. MIRMI, FL 33169.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ADEDLA M. AKANNI 899 N.W 213 TERR #106 N.MIAMI, FL 33169

The undersigned has(have) executed these Articles of Incorporation this

MONDAY	_ day of DECEMBER 9	_, 19 <u>9 6</u> .
	\sim	PRESIDENT
	1 Dealins	PRESIDENT
	Signatu	ire/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

95 DEC 13 AM 8: 35 SECRETARY OF STATE Pursuant to the provisions of sections 607.0501 or 617.0501, 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: <u>SHERRY</u> A	AFRICAN 5	IDRE, INC
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2. The name and address of the registered agent and office is:

(NAME)
(NAME)
B99 N.W 213 TERR # 106 (P.O. BOX NOT ACCEPTABLE)
(P.O. BOX <u>NOT</u> ACCEPTABLE)
N. MIAMI, FL 33169
(CITY/STATE/ZIP)

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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT.

	x Alatettis	_
DATE 9	12/96.	