91000004660

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

SUBJECT:	SUNSTATE WHOLSALE, INC.	
	(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	
Filing Fee	

Filing Fee

□\$122.50 Filing Fee & Certificate & Certified Copy \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	WAJAHA T	ANSARI	
		Name (Printed or typed)	

3179 ARROWHEMS LANE

KISSIMPIEE FL. 34746 City, State & Zip

(407) 944-0594 / (407) 396-0377

Daytime Telephone number

JAN 16 # BSB

6- 396-0271

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

Mcclellans

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	1	NAME
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The name of the corporation shall be:

SUNSTATE LIHORESALE, INC

OT JAM 13 PA 12: OF

ARTICLE II PRINCIPAL OFFICE

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

1050 Mc CLETIAN STREET

KINSTANCE, PC. 34741

ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV **INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

WAJAHAT ÁNSAKI 3179 ARROWIRM LN KISSIMMEE, FL 34746

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

ı ne name(:	s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are).
	[VA JAIMT AWSAR!
	3179 ARROWITEM LN
	KISSIMMED, PC- 34746
6)	ARIF ANGERRI
	3170 SMOKE SIGME GREET
	KISSITMEE, FL 34746
(3)	AGHA. K. MIRZA
	1473 HARBIN DRIVE
	KIS 81 MINES, PL. 34744

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

2nd day of JAZILLARY, 1997.

(An additional article must be added if an effective date is requested.)

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 CINSTATE NIFOLSME TWE	
2. The name and address of the registered agent and office is: WAJAHAT ANSARI.	JAN 13 PH
(NAME) 3179 ARROWHERD LANE (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	2: OU STATE A FLORIDA
KISSIMMEE, FL 34746 (CTTY/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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE)