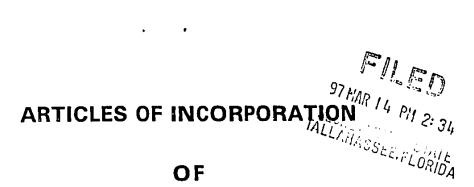
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT: SARINI ENTERPRISES INC (Proposed corporate name - must include suffix)	
Enclosed is an original and one (1) copy of the articles of incorporator: \$70.00 \$78.75 \$122.50	oration and a check \$131.25
FROM: GAMINI P. EDIRIWEERA Name (printed or typed) 8639 N. HIMES, #3401 Address TAMPA, FL-33614 City, State & Zip (813)915-8774	97 MAR 14 PN 2:33 SECTION SECTION AND A TALL ATTASSEE, FLORIDA

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

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KXXXXX SARINI ENTERPRISES INC

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:

SARINI ENTERPRISES INC

ARTICLE II PRINCIPAL OFFICE

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

8639 N.Himes, #3401, Tampa, F1-33614

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GAMINI P.EDIRIWEERA

8639 N.Himes, #3401, Tampa, F1-33614

ARTICLE V INCORPORATOR(S)

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

SWARNA M EDIRIWEERA GAMINI P.EDIRIWEERA

8639 N.Himes, #3401, Tampa, F1-33614

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:	SARINI	ENTERPRIS	SES INC	
2.	The name	and address of the regi	stered age	nt and office	is:	97 MAR 14
		GAMIN	P.EDIR	IWEERA		AH A
	_		(Name)			RIL P
		8639	N.Himes,	#34.01		PH 2: 34
	•	(P.0.	Box not a	ceptable)		- 2:3
		Tampa	F1-3361	4		AFF F
			(City/State/	Zip)		
h att to n a	laving been bove stated he appoint o comply wi hance of my s registered	named as registered as corporation at the place lent as registered agent the provisions of all side duties, and I am familial agent.	gent and to e designat and agred tatutes rel with and	accept served in this cerve to act in this atting to the paccept the o	ice of proce tificate, I has capacity. proper and c bligations o	ess for the ereby accept I further agree complete perfor- of my position
	X		~ · ,			

(Signature)