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4/09/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

9:07 AM

(((H97000005772 3)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839 NAME: CASINA DELIVERY CORP.

AUDIT NUMBER..... H97000005772

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS. . 0

PAGE8..... 3

DEL. METHOD. . FAX

CERT. COPIES....1

EST. CHARGE. . \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

****** Translation: Small House Delivery corp. ********



97 APR -9 '''11: 32

ARTICLE OF INCORPORATION

QP.

CASINA DELIVERY CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CASINA DELIVERY CORP.

The principal place of business of this corporation shall be: 60 NW 24 CT.

MIAMI, FI., 33125

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 SHARES X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Basic Accounting 692 W 29 St # 9 Hial Xeah, Fl 33012 (305) 887-4185

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

IRENE GARCIA

DIRECTOR

60 NW 24 CT.

MIAMI, FL. 33125

ARTICLE VI INCORPORATOR (S)

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

IRENE GARCIA

PRESIDENT, SECRETARY, TREASURER

60 NW 24 CT

(100 SHARES)

MIAMI, FL. 33125

The undersigned has (have) executed these Article of Incorporation this 8th day of APRIL ,1997.

Signature / Title

Signature / Title

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OPFICER

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 officer/registered agent, in the State of Florida.

The	name of the corporation is:
	CASINA DELIVERY CORP.
The	name and address of the registered agent and off:
•	(name)
	60 NW 24 CT.
	(P.O.BOX NOT ACCEPTABLE)
	MIAMI, FL. 33125
-	(CITY / STATE / ZIP CODE)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIRED 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.

APRIL 8, 1997