# POTOGRAMMITTAL LEPTER 7444

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

SUBJECT:	KENOREX, INC.				
	roposed corporate name - must includ	e suffix)			
•		-[	02153!  4/24/970!  ***122.50	l049	——⊊ 018 22.50
Enclosed is an original for:	and one (1) copy of the articles	of incorporation ar	nd a check		
Siling Fee	\$78.75 X \$122.50  Filing Fee & Filing Fee & Certified Cop	\$131.25 Filing Fee, Certified Copy & Certificate			
FROM:	BERNARD KOPET, P.A.  Name (printed or typed)		97 / SECRI TALLA		į .
	18227 PINES BLVD. Address		APR 24 ELAKT G WHASSEE,	FILE	
	PEMBROKE PINES, FLORIDA	33029	田グ 韓	D	
	City, State & Zip		9: 48 TATE ORIDA		
	(954) 431-8400				
	Daytime Telephone numb	er			

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

# ARTICLES OF INCORPORATION

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

### ARTICLE | NAME

The name of the corporation shall be:

KENOREX, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

4330 SHERIDAN STREET SUITE 201B HOLLYWOOD, FLORIDA 33021

#### ARTICLE III SHARES

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

200 SHARES - \$1.00 PAR VALUE

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

The name and address of the initial registered agent is:

BERNARD KOPET, P.A. 18227 PINES BLVD. PEMBROKE PINES, FLORIDA 33029

# ARTICLE V INCORPORATOR(S)

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

PRESIDENT: NARI T. SADARANGANI 4330 SHERIDAN STREET SUITE 201B HOLLYWOOD, FLORIDA 33021

# ARTICLE VI NATURE OF THE PROFESSIONAL ASSOCIATION

. THE NATURE OF THE PROFESSIONAL ASSOCIATION IS SALES

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 nam	e of the corporation is: KENOREX, INC.	<del></del>
2. The nam	2. The name and address of the registered agent and office is:  BERNARD KOPET, P.A.  (Name)  18227 PINES BLVD.	
	(P.O. Box not acceptable)	_
	PEMBROKE PINES, FLORIDA 33029 (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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bend Fogel BORIL 3/1993
(Signature) (Date)