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5/15/97

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: TEAM CHIN, INC.

AUDIT NUMBER.....H97000008063

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

CERT. OF STATUS..1

PAGES..... 4

CERT. COPIES.....0

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ARTICLES OF INCORPORATION
TEAM CHIN, INC.

We, the undersigned, are desirous of forming a corporation under the laws of the State of Florida, such laws that are applicable to corporations for profit, and respectfully petition the Secretary of State for approval of such incorporation under the following proposed Certificate of Incorporation.

ARTICLE I

NAME

The name of this corporation shall be TEAM CHIN, INC. and its principle place of business shall be 14106 SW 139 CT MIAMI, FL 33186. and any other location that the board of directors may deem appropriate.

ARTICLE II

RESIDENT AGENT

The resident agent of the corporation shall be DUSTIN CHIN 5801 SW 93 PL MIAMI, FL 33173.

ARTICLE III

GENERAL NATURE OF BUSINESS

The general purpose or object to be transacted, promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the State Florida.

ARTICLE IV

SHARES OF STOCK - NUMBER

The maximum number of shares of stock that the corporation is authorized to have outstanding at any time is five hundred (500) of common stock of the par value for \$1.00 per share.

ARTICLE V

AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00).

Prepared by: Accounts Ltd.
17891 S. Dixie Hwy, Suite G
Miami, FL 33157
(305) 232-1640

H97000008063

ARTICLE VI

DURATION

This corporation is to have perpetual existence, commencing upon the approval by the Secretary of State of this certificate of incorporation.

ARTICLE VII

DIRECTORS

The affairs of the corporation will be managed by 2 Director. The names and addresses of the individuals who are to serve as directors until new directors are elected at the shareholders meeting are:

NAME
DUSTIN CHIN

5801 SW 93 PL
MIAMI, FL 33173

STEFAN CHIN

5801 SW 93 PL
MIAMI, FL 33173

ARTICLE VIII

OFFICERS

The names and addresses of the individuals who will serve as the initial officer of the corporation until new officers of the corporation are appointed at the time of the first meeting of the shareholders are as follows:

NAME
DUSTIN CHIN (PRESIDENT)

5801 SW 93 PL

ADDRESS

MIAMI, FL 33173

STEFAN CHIN (SEC/TRES)

5801 SW 93 PL
MIAMI, FL 33173

H97000008063

We, the undersigned, being the original subscribers to this certificate of incorporation, do hereby make, subscribe, acknowledge and file this certificate and certify that the facts stated herein are true, and have hereunto set my hand and seal this 9 day of May 1997.


DUSTIN CHIN


STEFAN CHIN

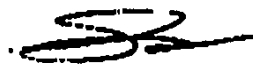
STATE OF FLORIDA

COUNTY OF DADE

BEING IT REMEMBERED that on this 9 day of May 1997, personally came before me, a notary public of the State of Florida, the party to the foregoing certificate of incorporation, known to me personally to be such, and acknowledged the said certificate to be the acts and deeds of the signer, and that the facts herein are truly set forth.

Given under my hand and seal the day and year aforesaid.

NOTARY PUBLIC





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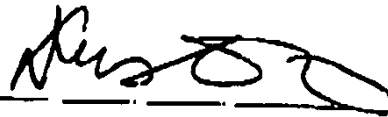
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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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 TEAM CHIN, INC.
2. The name and address of the registered agent and office
DUSTIN CHIN 5801 SW 93 PL MIAMI, FL 33173

SIGNATURE _____



TITLE _____

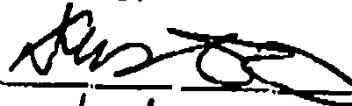
President

DATE _____

5/9/97

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREED 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____



DATE _____

5/9/97

FILED
97 MAY 16 AM 9:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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