

P97000051525

5:18 PM

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H97000009572 3))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: BIKINGA CORP.

AUDIT NUMBER.....H97000009572

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

CERT. OF STATUS..0

PAGES..... 6

CERT. COPIES.....1

DEL.METHOD.. FAX

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. **

ENTER SELECTION AND <CR>:

help F1 Option Menu F2

NUM

Connect: 00:16:40

FILED
97 JUN 11 AM 11:28
TALLAHASSEE, FLORIDA

Bm 6/11/97

497000009572



ARTICLES OF INCORPORATION BIKINGA CORP.

ARTICLE I

The name of this corporation shall be:
BIKINGA CORP

With the principal place of business located at:
**7680 REPUBLIC DRIVE # 424
ORLANDO FL 32.819**

ARTICLE II

GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

This Corporation is authorized to issue 1000 shares of Common Stock, par value \$1.00(one U.S. dollar) per share.

ARTICLE IV

PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash or any new common stock of this Corporation, shall have the right to purchase their pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE V

INITIAL REGISTERED OFFICE

The street address of the registered office of this Corporation is:
**7680 RUPIC DRIVE # 424
ORLANDO FL 32.819**

The Name of the initial REGISTERED AGENT of this Corporation is:
MARCELLO VALOR PIRES

PREPARED BY: THE LAW OFFICES OF ALAN S. GLUECK
ALAN S. GLUECK # 224278
141 NE 3RD AVE 9TH FLOOR, MIAMI, FL 33132 (305) 373-4211

497000009572

FILED
97 JUN 11 11:28
FBI MIAMI

H97000009572

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This Corporation shall have 1 Director(s) initially, the number of Directors may be either increased or diminished from time to time the bylaws, but shall never be less than one (1). The initial Director(s) of this Corporation is/are:

President - MARCELLO VALOR PIRES

ARTICLE VII INCORPORATOR

The name and address of the person signing this article is:

MARCELLO VALOR PIRES
7680 REPUBLIC DRIVE # 424
ORLANDO FL 32.819

ARTICLE VIII INDEMNIFICATION

The Corporation shall indemnify any officer or Director, or any former officers or Directors to the full extent permitted by law.

ARTICLE IX MANAGEMENT OF CORPORATION SHAREHOLDERS

All Corporate powers shall be exercised by or under the authority of, and the business and affairs of this Corporation shall be managed under the Director of, shareholders of this Corporation.

ARTICLE X BY LAWS

The power to adopt, after, amend or repeal by-laws shall be vested in the BOARD OF DIRECTORS and the SHAREHOLDER.

IN WITNESS WHEREOF, The undersigned incorporator has executed these
Article of Incorporation this 10 DAY OF JUNE OF 1997

H97000009572


Incorporator
EMPIRE CORPORATE KIT

497000009572

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE
ACKNOWLEDGMENTS IN STATE AND COUTY SET FORTH ABOVE,
PERSONALLY APPEARED.

MARCELLO VAI. OR PIRES

KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION, AND HE ACKNOWLEDGED BEFORE
ME THAT HE EXECUTED SAME.

IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND
AFFIXED MY OFFICIAL SEAL,

IN THE STATE AND COUNTY AFORESAID

THIS 10 DAY OF JUNE, 1997



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My commission expires:

497000009572

497000009572

**CERTIFICATE DESIGNATING THE ADDRESS AND AN
AGENT UPON WHOM PROCESS MAY BE SERVED**

WITNESSETH:

**THAT
DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF
FLORIDA, WHICH WILL HAVE ITS PRINCIPAL OFFICE IN THE COUNTY
OF DADE, STATE OF FLORIDA HAS APPOINTED:**

MARCELLO VALOR PIRES

AS ITS AGENT ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

ACKNOWLEDGMENT:

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:

BIKINGA CORP.

**TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I
HEREBY AGREE TO ACT IN THE CAPACITY OF REGISTERED AGENT
FOR SAID CORPORATION, AND AGREE TO COMPLY WITH THE
APPLICABLE PROVISION OF THE FLORIDA STATUTES.**

THIS 10 DAY OF JUNE , 1997



Registered Agent

497000009572

97 JUN 11 AM 11:28
NOTARIES PUBLIC
FLORIDA

497000009572

SPECIFIC POWER OF ATTORNEY

BE IT KNOWNLEDGED, THAT I, **BIKINGA CORP.** THE
UNDERSIGNED, TO HEREBY GRANT A LIMITED AND SPECIFIC POWER OF
ATTORNEY TO THE LAW OFFICES OF ALAN S. GLUECK OF MIAMI, FL.
- AS MY ATTORNEY-IN-FACT.

SAID ATTORNEY-IN-FACT SHALL HAVE FULL POWER AND AUTHORITY TO
UNDERTAKE AND PERFORM ONLY THE FOLLOWING ACTS ON MY BEHALF:
MANAGE THE PROCEDURES IN ORDER TO OBTAIN FEIN #, ANY KIND OF BUSINESS
LICENSES, INQUIRE ABOUT LIABILITIES WITH THE IRS, FLORIDA DEPARTMENTS,
CUSTOMS, AND ANY OTHER GOVERNMENTAL OFFICE. THE AUTHORITY HEREIN
SHALL INCLUDE SUCH INCIDENTAL ACTS AS ARE REASONABLY REQUIRED TO
CARRY OUT AND PERFORM THE SPECIFIC AUTHORITIES GRANTED HEREIN.

MY ATTORNEY-IN-FACT AGREES TO ACCEPT THIS APPOINTMENT SUBJECT TO ACT
AND PERFORM IN SAID FIDUCIARY CAPACITY CONSISTENT WITH MY BEST
INTEREST AS MY ATTORNEY-IN-FACT IN THIS DISCRETION DEEMS ADVISABLE.

THIS POWER OF ATTORNEY IS EFFECTIVE UPON EXECUTION, THIS POWER OF
ATTORNEY MAY BE REVOKED BY ME AT ANY TIME, AND SHALL AUTOMATICALLY
BE REVOKED UPON MY DEATH, PROVIDED ANY PERSON RELYING ON THIS POWER
OF ATTORNEY SHALL HAVE FULL RIGHTS TO ACCEPT AND RELY UPON THE
AUTHORITY OF MY ATTORNEY-IN-FACT UNTIL IN RECEIPT OF ACTUAL NOTICE OF
REVOCATION.

SIGNED UNDER SEAL THIS 10 DAY OF JUNE, 1997

STATE OF FLORIDA
COUNTY OF DADE

Malg.

On / / before me, ALAN S. GLUECK personally appeared:

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person
whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on
the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the
instrument

WITNESS MY HAND AND OFFICIAL SEAL.

Signature *[Signature]*
Notary Public

Affiant Known ☒ Produced ID
Type of ID

497000009572