# P9700@@&\$35

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

SUBJECT:	VAKONDA,		00022616486 -08/08/9701082006 ****122.50 ****122.50
		orporate name - must include	suffix)
Enclosed is an original	and one(1) copy of the article	es of incorporation and a	check for
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	Filling Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: EDUARDO SCHLEH Name (Printed or typed)			
1060 W 47 COURT Address			
MIAMI BEACH, FL 33140  City, State & Zip			
	(305) 532 Daytime T	-1309 Telephone number  Aave 14083	31 PH 3: 5
	la acole	nave 1400	0= 5

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

### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

WAKONDA, INC.

# ARTICLE II PRINCIPAL OFFICE

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

1060 W 47 CT MIAMI BEACH FL 33140

# ARTICLE III SHARES

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

ONE THOUSAND (1000) SHARES OF COMMON STOCK, EACH SHARE HAVING A PAR VALUE OF ONE DOWNER (\$100)

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ENARDO SCHIEH 1060 W 47 LOURT MIAMI BEACT FL 33140

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

EDUARDO SCHGH 1060W 47 COURT MIAMI BEARI FT. 33140

Signature/Incorporator

7/29/97

SCRETARY PH 3:56

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

27/9/