

PA7000076001

TRANSMITTAL LETTER

FILED

97 SEP -2 AM 10: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: ACESTARZ CORP. INC.
(Proposed corporate name - must include suffix)

500002282925--8
-09/02/97--01150--011
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JOSEPH AKONI
Name (Printed or typed)

P.O. BOX 601504
Address

N.M.B, FLORIDA, 33160
City, State & Zip

(305) 876-0787
Daytime Telephone number

P.Hall 18SEP - 3 1997

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

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ARTICLES OF INCORPORATION

97 SEP -2 AM 10:16

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ACESTARZ CORP. INC.

ARTICLE II PRINCIPAL OFFICE

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

17211 N.W. MIAMI CT., N.M.B. FL 33169

MAILING: P.O. BOX 601504, N.M.B., FL 33160

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSEPH AKONI
17211 N.W. MIAMI CT.
N.M.B., FLORIDA 33169

ARTICLE V INCORPORATOR

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

JOSEPH AKONI
17211 N.W. MIAMI CT
N.M.B., FLORIDA 33169



Signature/Incorporator

8/29/97

Date

(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

8/25/97

Date