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11/18/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: KIM E GARVY INC.

AUDIT NUMBER...... H97000019212

AUDIT NUMBER.....HA/NUMWIJGIE
DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A. PAGES..... 2

PAGES..... 2

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ARTICLES OF INCORPORATION

OF

TALLAHASSEE,	 L	LÁTE ORIDA
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Kim E Garvy Inc
ARTICLE 1 NAME
The name of the corporation shall be:Kim E Garvy Inc
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
_813 NB 17th Avenue #7 Ft Lauderdale FL 33304
ARTICLE III CAPITAL STOCK
The number of shares that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS
The name and address of the initial registered agent is:
Kim F. Garvy
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these Articles of Incorporation is: Kim E Garvy 813 NE 17th Avenue #7 Ft Lauderdale FL 33304
The undersigned has executed these Articles of Incorporation this 18th day of November 1997
(printed name) Kim E Gary
Prepared by: Gardner Accounting Co. 7481 W. Oakland Park Blvd. Suite 201 Lauderhill, FL 33319 (954) 749-0666

H97000019212

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:Kim E Garvy Inc	
2. The name and address of the registered agent and office is:	
Kim E Garvy	
Ft Lauderdaie FL 33304	· · · · · · · · · · · · · · · · · · ·
Signature:	
Title: _President	
Date:_11/18/97	•
HAVING BEEN NAMED AS REGISTERED AGENT AND TO A ABOVE STATED CORPORATION AT THE PLACE DESIGNAT ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, THE OBLIGATIONS OF MY POSITION AS REGISTERED AGE Signature:	TED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. I ALL STATUTES RELATING TO THE AND AM FAMILIAR WITH AND ACCEPT
	FILED 97 NOV 18 MI SLUGGIANSSEE, HI