of 3:	F DA Rec 350 4	97000 CHAIN ENTERPRISE questor's Name	PO 99	7/32
COR	O / WO Cify/State/2 (954) 983- PORATION	Address Address Address Phone # Phone # PATE COREY GILBERT NAME(S) & DOCUMENT N		ce Use Only vn):
2	839 N.W. (Corp.) NORTH MIAN (Corp.)	CHAIN ENTERPRISES, INC. oration Name) 146 H ST. oration Name) 11 FL 33168 oration Name) oration Name)	(Document #) (Document #) (Document #)	
□ _M		Pick up time Will wait Photoco AMENDMENTS Amendment	Certified o	Copy e of Status 10000234334011/10/9701159002 *****122.50 ****122.5
NonProfit Limited Lie Domestica Other		Resignation of R.A., Officer/ Change of Registered Agent Dissolution/Withdrawal Merger	Director	97 NOV 21 SECRETARY TALLAHASSE
Annual Re Fictitious I Name Res	Vame	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement		FILED OV 21 AN 8:57 TARY OF STATE MASCEE, FLORIDA
CR2E031(1/95)		Trademark Other	Examiner's	Initials M 11-21-97

CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 13, 1997

COREY GILBERT C/O OFF DA CHAIN ENTERPRISES 4451 S.W. 19TH ST. HOLLYWOOD, FL 33023

SUBJECT: OFF DA CHAIN ENTERPRISES

Ref. Number: W97000025659

We have received your document for OFF DA CHAIN ENTERPRISES and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent and street address must be consistent wherever it appears in your document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

John Nedeau Document Specialist

Letter Number: 197A00054560

ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles OF incorporation.

ARTICLE I NAME

The name of the corporation shall be:

OFF DA CHAIN ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

OFF DA CHAIN ENTERPRISES, INC. 839 N.W. 146th STREET NORTH MIAMI, FL. 33168

ARTICLE III SHARES

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

20,000 shares at \$1.00 per value stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

COREY GILBERT 4451 S.W. 19TH ST HOLLYWOOD, FL. 33023

ARTICLE V INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Articles Of Incorporation is (are):

JERMAINE CONKLIN
PRESIDENT
839 N.W. 146th STREET
NORTH MIAMI, FL. 33168

COREY GILBERT
SECRETARY
4451 S.W. 19th STREET
HOLLYWOOD, FL. 33023

The	undersigned	incorporator (s)	has (have)	executed	these	Articles	of I	ncorpora	tion
this	Nove	EMBER_	day o	f	th			ب	
19_	<u> 17</u> .								

Signature

Signature

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501 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: OFF DA CHAIN ENTERPRISES, INC.
- 2. The name and address of the registered agent and office is :

COREY GILBERT 4451 S.W. 19TH ST HOLLYWOOD, FL. 33023 97 NOV 21 AN 8:57 SECRETARY OF STATE TALLAMASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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.

Cory Miller (Signature)

 $\frac{1(-7-97)}{(Date)}$