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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: SUPER STITCH, INC.

AUDIT NUMBER..... H97000020319

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

CERT. OF STATUS...0

PAGES.....4

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FLORIDA DIVISION OF CORPORATION

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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 10, 1997

EMPIRE CORPORATE KIT COMPANY

SUBJECT: SUPER STITCH, INC.

REF: W97000027640

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

If you have any further questions concerning your document, please call (850) 487-6925.

Barbara Brock Document Specialist FAX Aud. #: H97000020319 Letter Number: 797A00058281

## H97000020319

ARTICLES OF INCORPORATION

OF

#### SUPER STITCH, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

### ARTICLE ONE

The name of the corporation is SUPER STITCH, INC. Principal office is located at 1707 W. 32 PLACE, HIALEAH, FL 33012

### ARTICLE TWO DURATION

The term of existence of the corporation is perpetual.

### ARTICLE THREE PURPOSE

The corporation may engage in any or all lawful business permitted to corporations under the laws of the STATE OF FLORIDA, or any other state, country, territory or nation.

### ARTICLE FOUR CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 1,000 shares, all of which shall be common shares with a par value of \$1.00 each.

#### ARTICLE FIVE REGISTERED OFFICE

The principal address of the initial registered office of the corporation shall be 7522 WILES ROAD, SUITE 210 CORAL SPRINGS, FL 33067. The name of the initial registered agent at such address is STEVEN C. KLEIN.

### ARTICLE SIX PRE-EMPTIVE RIGHTS

The shareholders shall have Pre-emptive Rights.

Prepared by Steven C. Klein, CPA 954-345-3696 7522 WILES RD. SUITE 210 Corel Springs, Fl 33067

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ARTICLES

PAGE 2

#### ARTICLE SEVEN DIRECTORS

The Board of Directors of the corporation shall consist of at least one member and not more than eleven.

The name and address of initial Directors of the Board is:

NAME STEVEN C. KLEIN <u>ADDRESS</u> 7522 WILES ROAD SUITE 210 CORAL SPRINGS, FL 33067

#### INCORPORATORS

The name and address of the incorporator is:

<u>Name</u> STEVEN C. KLEIN

<u>ADDRESS</u> 7522 WILES RD. # 210 CORAL SPRINGS, FL 33067

IN\_WITNESS WHEREOF, I have subscribed by name this \_ 94h day of December, 1997.

Incorporator

Director

STATE OF FLORIDA:

COUNTY OF BROWARD:

On this Oth day of December . 1997 before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared STEVEN C. KLEIN, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:

H97000020319

TERESA BARNETT
NOTARY PUBLIC, STATE OF FLORIDA
My Commission Expires February 7, 1998
Commission # CC 342350 Bonded Thru Froy Fain Insurance. Inc.

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#### CERTIFICATE OF DESIGNATION

#### registered agent / registered office

Pursuant to the provisions of Section 607.325, 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 SUPER STITCH, INC.
- The name and address of the registered agent and office is 2.

STEVEN C. KLEIN 7522 WILES ROAD #210 CORAL SPRINGS, FL 33067	TALLI	97.0	
CAlla		DEC II	
STEVEN C. KLEIN, INCORPORATOR		<b>P</b>	
Date	ORIDA ORIDA	3 19	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTE

Registered Agent

State of Florida County of BROWARD

The foregoing instrument was acknowledged and sworn to before me this que day of December

My commission expires:

H97000020319

Notary Public

ZLZSQ.

TERESA BARNETT
NOTARY PUBLIC, STATE OF FLORIDA
My Commission Expires February 7, 1998
Commission # CC 342350 Bonded Thru Troy Fain Insurance, inc