

DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

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

ACCT#: 072450003255 FAX #: (305)541-3770

NAME: SHIRAH, INC.

AUDIT NUMBER..... H98000007261

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

CERT. OF STATUS...O

PAGES..... FAX DEL.METHOD..

CERT. COPIES.....1

EST.CHARGE.. \$122.50

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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# The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida. ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV- CAPITAL STOCK underel shares (100 ) of. The corporation is authorized to issue Dec par value Common Stock, which shall be designated "Common Shares". ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: **FLORIDA** The principal office, if known, or the mailing address of the corporation is: FLORIDA Adenet Medacier

EMPIRE CORPORATE KIT

P.02/04

2550 SW 18th Terrace Ft. Lauderdale FL 33315 (305) 567-2617 FB #105074

# H98000007261

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have The increased or diminished from time to time of the initial director(s) of the corporation	IC DA CITE DA TONIO A CONTRACTOR	. The names and addresses
of the initial director(s) of the corporation.	11 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
NAME Grilie Jac	Kron President	
ADDRESS 665071	W 118 Street	
city Miami	STATE Florida	ZIP :
NAME Bachera D.	Vos Vice. August	
ADDRESS 4845 71W	7 It Apt 203	
CITY Miams	STATE Floridi	ZIP 33126
NAME Adant M	edecies Vice Preside	mt_
ADDRESS 2550 S	W 18th Tenere	
CITY It. Landers	Och STATE 71	ZIF 333/5
ADDRESS 4845 7 CITY Miami NAME ADDRESS	STATE 7L	zr 33/2 4
CITY	STATE	ZIP
NAME		
ADDRESS		ZIF
CITY	STATE	- 216
IN WITNESS WHEREOF, the unders	igned subscriber(s) have executed these Articles of A	corporation this 16 th
	Bo her Q.	1/00 _(Seal)
	1000 min the	
		(Seal)
		(Seal)
FG /CG * 1	EWDIKE CORPORATE KI!	9661-91-3db

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#### CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF



SHIFRAH INC

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 350 Review Cal Suits 426

Miami Beach, 74 33/39

has named Barbara Do Vo

located at the aforesaid address, as its Registered Agent to accept service of process within

### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Bachera La )

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this state.