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

FILED 98 MAY -1 AM 11: 06. SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: MKOSA INC.						
(Proposed corporate name - must include suffix)						
Enclosed is an original and one(1) copy of the article	70002480177					
\$70.00 \$78.75 Filing Fee & Certificate	S122.50 \$\frac{1}{2}\$\$ \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate					
	ADDITIONAL COPY REQUIRED					
FROM: ASLAM GHANCHI Name (Print	ed or typed)					
5205. N.E 20th TERR Address						
POMPANO BEACH, FI, 33064 = City, State & Zip						
(954) 426 3778 - RES Daytime Telep	954)427-7760-wry					
	W98 3					

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

P. Hall



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 8, 1998

ASLAM GHANCHI 5205 NE 20TH TERR POMPANO BEACH, FL 33064

SUBJECT: MKOSA INC. Ref. Number: W98000007864

We have received your document for MKOSA INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a 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) 487-6915.

Letter Number: 298A00018731

Pamela Hall Document Specialist

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:

MKOSA INC.

ARTICLE II PRINCIPAL OFFICE

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

1952 N.E 49th STREET POMPANO BEACH, FL 33064

98 MAY -1 MM 11: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ASLAM GHANCHI 5205 N.E 20th TERR POMPANO BEACH, FL 33064

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

	SALEEM GRANCHI	rics .	•	-	
		a of P			
	ASLAM GHANCHI	V. pres.			
	1952 N E 49th ST				
	Pompano Beach, Fl	և.33064		<u>.</u>	
	(05.1) (05.	7760 /P	· · · · · · · · · · · · · · · · · · ·		
	Phone # (954)427	-//60 (Bus -3778 (res	iness)		
The un	(954) 426 dersigned incorporator(s)	has(have) exec	uted these Art	icles of Incorporation t	his
2nd	day ofapril		, 19 <u>98</u>	•	
(An ado	ditional article must be add	ded if an effect	ive date is requ	uested.)	
	0		-		
		M		m3 3 1 /	,
	Salcem		ignature [®]	m Ghanchi (pres	,
		w.	plu	Aslam Ghanchi	(V.P)Agent
			ignature		
		S	ignature		

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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: - MKOSA INC	
2. The name and address of the registered agent and office is:	98 MAY SECRET TALLAH
AST.AM GHANCHT (NAME) 1952 N E 49th st (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	ARY OF STATE ASSEE, FLORIDA
POMPANE BEACH FL. 33064 (CITY/STATE/ZIP)	, .
Having been named as registered agent and to accept service of proceedings of the place designated in this certificate, I hereby accept the acc	ess for the above stated 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.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314