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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: KAPON II CORPORATION

AUDIT NUMBER.....H98000010292

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

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 3, 1998

FAS-T CORP. AGENTS, INC.

SUBJECT: KAPON II CORPORATION
REF: W98000012629

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.

PLEASE STATE THE REGISTEREDS AGENT NAME ON THE CERTIFICATE OF DESIGNATION

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H98000010292
Letter Number: 898A00031150

ARTICLE OF INCORPORATION

OF

KAPON II CORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: KAPON II CORPORATION

The principal place of business of this corporation shall be:
9441 SW. 27 DR.
MIAMI, FLORIDA 33165

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times \$ 10.00 = \$ 1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

PREPARED BY: BASIC ACCOUNTING SERVICE
692 West 29 Street #9
Hialeah, Fl. 33012
(305) 887-4185

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

NANCY CAPON

DIRECTOR

4700 NW. 7 ST. # 227
MIAMI, FLORIDA 33126

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

NANCY CAPON

PRESIDENT, SECRETARY & TREASURER

4700 NW. 7 ST. # 227
MIAMI, FLORIDA 33126

100 shares

The undersigned has(have) executed these Article of Incorporation this 2nd day of June, 19 98.



Signature/Title

Signature/Title

Signature/Title

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TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: _____

KAPON II CORPORATION

2. The name and address of the registered agent and office
is Nancy Capon
4700 NW. 7 ST. # 227

(Name)

MIAMI, FLORIDA 33126

(P. O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 06-02-98