

7/16/98

P98000062808

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

12:40 PM

((H98000013208 7))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305) 541-3694

ACCT#: 072450003255

FAX #: (305) 541-3770

NAME: BOWES ALPACAS, INC.

AUDIT NUMBER.....H98000013208

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

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....1

DEL.METHOD.. FAX

EST.CHARGE.. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:
Help F1 Option Menu F2

NUM CAPS Connect: 00:01:11

FILED
98 JUL 16 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/16/98

498000013208

④

ARTICLES OF INCORPORATION

FILED

OF

98 JUL 16 PM 1:21

BOWES ALPACAS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE ONE

NAME

The name of the corporation is BOWES ALPACAS, INC. Principal office is located at 7522 WILES ROAD SUITE 210 CORAL SPRINGS, FL 33067.

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 Coral Springs, FL 33067

498000013208

498000013208

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

ADDRESS
7522 WILES ROAD
SUITE 210
CORAL SPRINGS, FL 33067

INCORPORATORS

The name and address of the incorporator is:

NAME
STEVEN C. KLEIN

ADDRESS
7522 WILES RD. # 210
CORAL SPRINGS, FL 33067

IN WITNESS WHEREOF, I have subscribed my name this 14 day of JULY, 1998.

STEVEN C. KLEIN, Incorporator
and Director

STATE OF FLORIDA:
: SS
COUNTY OF BROWARD:

On this 14 day of JULY, 1998 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.



Lyndora McCafferty
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:

498000013208

498000013208

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 BOWES ALPACAS, INC.
2. The name and address of the registered agent and office is

STEVEN C. KLEIN
7522 WILES ROAD #210
CORAL SPRINGS, FL 33067

STEVEN C. KLEIN, INCORPORATOR

Date

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 STATUTES.

STEVEN C. KLEIN, Registered Agent

Date

State of Florida
County of BROWARD

The foregoing instrument was acknowledged and sworn to before me this 14th day of July, 1998.



My commission expires:

Notary Public

498000013208

FILED

98 JUL 16 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA