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FROM: FILINGS, INC.

ACCT#: 072720000101

FAX #:

CONTACT: TERESA ROMAN PHONE: (850)385-6735 (850)561-1025

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SECRETARY OF STATE ARTICLES OF INCORPORATION ARTICLES OF INCORPORATION AND ARTICLES OF INCORPORATION AND ARTICLES OF INCORPORATION ARTICLES OF INCOR

ARTICLE I NAME

The name of the corporation shall be:

Dak'or International, Inc.

ARTICLE II PRINCIPAL OFFICE

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

19101 Mystic Pointe Drive #1206-200 Aventura, Florida 33180

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ira Marcus, P.A. 888 East Las Olas Bivd. Suite 710 Fort Lauderdale, FL 33301

ARTICLE V INCORPORATOR(S)

The name and street address of the incorporator to these Articles is:

Lance Kaplan 19101 Mystic Point Drive Apt. #1206-200 Aventura, Florida 93180

Prepared By: ira Marcus, Esq. 888 East Las Clas Blvd. Suite 710 Fort Lauderdate, FL 33301 (854) 523-9696 Fla. Bar No. 174741

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ARTICLES OF INCORPORATION PAGE 2

The undersigned incorporator has executed these Articles of Incorporation this _____ day of October, 1998.

Signature

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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.

- The name of the corporation is: Dak'or International, Inc.
- The name and address of the registered agent and office is:

Ira Marcus, P.A. 888 East Las Olas Blvd. Suite 710 Fort Lauderdale, FL 33301

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the 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 exert!

Signature

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 82314

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