P9900000 3052

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

SUBJECT: +	KOMANIK MEDI	A4 DESIGN	V CORP.	
	(Proposed corpo	orate name - must include suf	fix)	
		. 4	-00002734 -01/08/99 *****70.00	·01072012
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	-
≸ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: GARRY ROMANIK Name (Printed or typed)				
	11718 NW 3	•	SSEE,	JAN -8 AM
	SUNRISE, FU	ORIDA 3332 State & Zip	3 INTE	9.4
	954-741-56	12		

F. ORD AND JAM 1 2 1999

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

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ROMANIK WEDIA & DESIGN COR.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 11718 NW 3874 PCACE
SUNRISE, FCA. 33323

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ELISABETH ROMANIK 11718 NW 38TH PLACE SUNRISE, FLA. 33323

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: GARRY ROWANIK

SUNRISE, FLA.33323

Signature/Incorporator

12/18/98 Date

(An additional article must be added if an effective date is requested.)

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 agent

Signature/Registered Agent

Date