P990000133

Secretary of State Division of Corporations P. O. Box 6327 Talahassee, FL 32314

57.00002750308—5 -02/01/89-01100-020 ****122.50 ***** 78.75

Re: ANGEL Limousine Service, Inc. (name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee Registered Agent Designation for the above named corporation.

Very truly yours,

DION MOODLE TO

DIMILIA, INC.

(name of corporation)

MAILING ADDRESS OF CORPORATION

1021 NE 144 ST

M. MIAMI, F2 33/6/

PHONE
(305) 947-8062

Area Code Number Ext.

0 / C

ARTICLES OF INCORPORATION

| | of |
|--|---|
| ANGEL LIMOUSINE | |
| (name of | corporation). |
| The undersigned subscriber(s) to these Articles of Incorpe corporation under the laws of the State of Florida. | ration, natural person(s) competent to contract, hereby form a |
| ARTICLE I - C | ORPORATE NAME: |
| The name of the corporation is: | · |
| . ANGEL LIMOUSING | SERVICE, INC. 20 |
| | I - DURATION: |
| This corporation shall exist perpetually unless dissolved | according to Florida law. |
| | II - PURPOSE |
| | in any activities or business permitted under the Aws of the |
| | CAPITAL STOCK |
| The corporation is authorized to issue five huen | |
| Dollar(s) (\$ | Stock, which shall be designated "Common Shares." |
| ARTICLE V - INITIAL REG | STERED OFFICE AND AGENT. |
| The street address of the Initial Registered Agent office | and the name of the Initial Registered Agent at that office is: |
| MAME ALIASCHAR FADAI | NAZARI |
| ADDRESS 10321 WELLEBY 1 | SLES LANC |
| TITY SUNRISE, | PLORIDA ZIP 33351 |
| The principal office, if known, or the mailing adress of | the corporation is: |
| IAME AMBEL LIMOUSINE | Service & INC. |
| , | LES LANC |
| TIY SUNRISE | FLORIDA ZIP 3335/ |
| | BOARD OF DIRECTORS |
| This corporation shall have ONE (/ | directors initially. The number of directors may be either aws, but shall never be less than one (1). The names and |
| MANE ALIASGHAR FADA | WAZARI |
| DDRESS 10321 WELLEBY 18 | LES LANE |
| IIY SUNRISE | STATE FORIDA ZIP 33351 |
| AME | |
| DDRESS | i i |
| rry | STATE ZIP |
| AME | |
| .ppress | |

The state of the s

ARTICLE VII, - INCORPORATORS:

rporators signing these Articles of Incorporation are as follow

| | ADAINAZARI |
|--|--|
| | BY ISLES LANC |
| CITY SUNRISE | STATE FLORIDA ZIP 3335 |
| NAME | |
| ADDRESS | |
| СПУ | STATE ZIP' |
| NAME | |
| ADDRESS | i plane i i i i i i i i i i i i i i i i i i i |
| CILA | STATE ZIP |
| IN WITNESS WHEREOF, the undersigned day of, 19 | ed subscriber(s) have executed these Articles of Incorporation this |
| | (July) |
| • | (Seal) |
| | (Seal) |
| COUNTY OF BROWARD | , ss , |
| before me, a Notary Public authorized to ta appeared: | ake acknowledgments in the State and County set forth above, personally |
| A/chan | 10/2 200 |
| Signature | N260-006-56-267- D Form of Identification |
| •• | |
| Signature | Form of Identification |
| | |
| Signature | Form of Identification |
| me thatexecuted these Articl named person as indicated opposite each na | o executed the foregoing Articles of Incorporation, who acknowledged before less of Incorporation, that I relied upon the form of identification of the above ame, and that an oath was not taken. |
| NOTARY RUBBER STAMP SEAL | Witness my hand and official seal in the County and State last aforesaid this OS dayof OC+D ber 19 98 |
| | Market |
| FARA G MOVIA State of Florida Sty Comm Exp: 06/15:3:1 Comm# CC473272 | MAYYA MOVLA |
| The state of the s | |

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

ANGEL LIMOUSINE SERVICE, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted.

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

SUNRISE, FL 33351

has named ALIASGHAR FADAINAZARI

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida-Law in keeping open said-office.

(registered agent)

FORM 215:

M 215: CERTIFICATE & ACKNOWLEDGEMEN

PAGE 3

SEMINOLE-MIAMI 012593