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|   |   |  |                    |
|---|---|--|--------------------|
| 1 | From  |  |                    |
|   | Date  | 3/2/99   |                    |
|   | Sender's Name   | JENNIE ROSA-ROSA   | Phone 954/389-8768 |
|   | Company   |  |                    |
|   | Address   | 334 E. RIVERBEND DRIVE   |                    |
|   |   | Dept/Floor/Suite/Room  |                    |
|   | City  | Ft. Lauderdale   | State FL ZIP 33326 |
| 2 | Your Internal Billing Reference Information ARTICLES OF INC |  |                    |

100002793261-4  
-03/03/99-00048-009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**FILED**  
99 MAR 19 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB  
3-19-99  
6



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 5, 1999

JENNIE ROSA-ROSA  
334 E. RIVERBEND DR.  
FT. LAUDERDALE, FL 33326

SUBJECT: KM DESIGN, INC.  
Ref. Number: W99000005422

We have received your document for KM DESIGN, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten  
Document Specialist

Letter Number: 499A00010283

**FILED**  
99 MAR 19 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

MORAKIS DESIGNS, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

- MORAKIS DESIGNS, INC.

ARTICLE II PRINCIPAL OFFICE

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

7934 PIPER LANE  
LAKE WORTH, FL 33463

ARTICLE III CAPITAL STOCK

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

100 .

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

KAREN MORAKIS  
7934 PIPER LANE  
LAKE WORTH, FLORIDA 33463

ARTICLE V - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME Karen J. Morakis  
ADDRESS 7934 Piper Lane  
CITY Lake Worth STATE FLORIDA ZIP 33463

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 19th day of November, 1998.

Karen J. Morakis (Seal)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Seal)  
(Seal)

STATE OF FLORIDA)  
COUNTY OF BROWARD) SS

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared  
Karen J. Morakis

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that SHE executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 19th day of November, 1998

Michelle Rosa Gonzalez  
(Notary Public, State of Florida at Large)

(Notary Seal)



My Commission expires: April 26, 2002

**E. Officers:**

President: Karen J. Morakis  
Address: 7934 Piper Lane  
Lake Worth , Florida 33463

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, Florida

Secretary: Karen J. Morakis  
Address: 7934 Piper Lane  
Lake Worth , Florida 33463

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, Florida

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: Karen J. Morakis  
Office Address: 7934 Piper Lane  
Lake Worth , FLORIDA 33463 -  
City Zip Code

**11. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: Karen J. Morakis

**12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

13. Karen J. Morakis  
(Signature of Chairman, Vice Chairman, or any officer listed in number 8 of the application)

14. Karen J. Morakis, President  
(Name and capacity of person signing application)

CERTIFICATE OF DESIGNATION  
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.

1. The name of the corporation is:  
MORAKIS DESIGNS, INC.
  
2. The name and address of the registered agent and office is:

Karen J. Morakis  
(NAME)

7934 Piper Lane  
(P.O. BOX NOT ACCEPTABLE)  
Lake Worth, Fl 33463  
(CITY/STATE.ZIP)

SIGNATURE Karen J. Morakis  
(Corporate Officer)  
TITLE President  
DATE November 19, 1998

**FILED**  
69 MAR 19 AM 11:46  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Karen J. Morakis  
DATE November 19, 1998

REGISTERED AGENT FILING FEE: \$35.00