P99000033510

TRANSMITTAL LETTER

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

SUBJECT:	E.B. K. I.K. SA (Proposed corpor	Co ate name - must include suf	ffix)	_	
		3	00002833: -04/08/990 *****78,75	1972-	-011
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a	check for:	1	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Wlodzimierz GOLUCH Name (Printed or typed) POR POR 7661			99 APR -8 A	
5me 13.99	•	# 34287 State & Zip	FLORIDA	AM 9: 14	O

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

Daytime Telephone number

ARTICLES OF INCORPORATION

FILED

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

99 APR -8 AM 9: 14

ARTICLE I NAME SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the corporation shall be:

E.B.K.I.K. S.A. CO

PRINCIPAL OFFICE ARTICLE II

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

6262 Fabian Rt Mailing address; North Port, Fl 34287 P.O. Box 7661 North Port, Fl 34287

SHARES *ARTICLE III*

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

5000

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

WLOdzimierz GOLUCH

6262 Fabion Rd North Port, F1 34287

ARTICLE V INCORPORATOR

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

WLODZÍMÍRIZ GOLUCH maxiling address; 6262 Fabiand ed P.O. Box 7661 North, Port, FI 34287 North Port FI 34287

North, Port, FI 34287

Signature/Incorporator

(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