

P99000039174

TRANSMITTAL LETTER

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

600002851376--4
-04/26/99-01059-016
*****87.50 *****87.50

SUBJECT: Sknahs, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles 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

ADDITIONAL COPY REQUIRED

FROM: Annette Overstreet
Name (Printed or typed)

21131 NW 29th Avenue
Address

Opa-Locka, Florida 33056
City, State & Zip

(305)624-0368
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 29 PM 4:07

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

**ARTICLES OF INCORPORATION
OF
SKNAHS, INC.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 29 PM 4:07

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

- ONE:** The name of this principal corporation is Sknahs, Inc. The Corporation is organized pursuant to Chapter 607 or 621 of the Florida Statutes for profit Corporations.
- TWO:** The principal place of business and mailing address of the corporation is 21131 NW 29th Avenue Miami, Florida 33056 in Dade County, Florida.
- THREE:** The number of shares of stock that this corporation is authorized to have outstanding at one time is 25.
- FOUR:** The name and address of the Registered Agent is Annette Overstreet 21131 NW 29th Avenue Miami, Florida 33056.

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

Annette Overstreet
21131 NW 29th Avenue
Miami, FL 33056


Date


FIVE:

The Directors are elected in accordance with the Bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
Juanita A. Shanks President	17901 NW 68th Avenue, #T206 Miami, FL 33015
Annette Howell Secretary	420 Jann Avenue, #2 Opa-Locka, FL 33054
Annette Overstreet Treasurer	21131 NW 29th Avenue Miami, FL 33056

SIX:

Executed on April 26, 1999. The name and address of the incorporator of this corporation shall be:

 (Signature)
Annette Overstreet
21131 NW 29th Avenue
Opa-Locka, FL 33056

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.

1. The name of the corporation is: Sknahs, Inc.

2. The name and address of the registered agent and office is:

Annette Overstreet

(NAME)

21131 NW 29th Avenue

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami, FL 33056

(CITY/STATE/ZIP)

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 appointments 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)

4/26/99
(DATE)