7940000041324

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 3231		31	00002860963 -05/03/9901136 *****87.50 ******
SUBJECT:	EMPIRE COP (Proposed corpor	RAPE 5 ate name - must include suffi	ERUICES, IN
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
\$70.00 Filing Fee	\$\square\$ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: BERSON CAREAGA			
Name (Printed or typed)			
		19 TERRACE Address	99 MAY - SEORETAN TALLAHAS
	MMMI FL 33	N7.5 State & Zip	OF STEEF, FL

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

(305) 725-0630 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:

EMPIRE CORPORATE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

12933 S.W. 49 TERRACE

MIAMI, FL 33175

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BERSON CAREAGA

12933 S.W. 49 TERR.

MIANI, FL 33175

ARTICLE V INCORPORATOR

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

BERSON CAREAGA

12933 S.W. 49 TERR.

MINNI PL 33175

Signature/Incorporator

4/30/99 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