SE ONL ZARUS CORPORATE FILING SERVICE, INC (Requestor's Name) **500002881145--**-05/20/99--01045--024 3320 S.W. 87th AVENUE *****78.75 *****78.75 (Address) MIAMI, FLORIDA (305)552-5973 (Phone #) (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Will wait Mail out Photocopy AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 20, 1999

LAZARUS

MIAMI, FL

SUBJECT: KARINA'S ENTERPRISE, INC.

Ref. Number: W99000011859

We have received your document for KARINA'S ENTERPRISE, INC.. However, the document has not been filed and is being returned for the following:

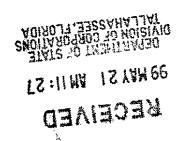
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One 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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 199A00028050



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

KARINA G. ENTERPRISE, INC.



ARTICLE II PRICIPAL OFFICE

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

13005 S.W. 115 Ct. Miami, Fla 33176

ARTICLE III SHARES

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 SRTEET ADDRESS

The name and address of the initial registered agent is:

ARLENE GONZALEZ 13005 S.W. 115 CT. MIAMI FLA. 33176

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ARLENE GONZAlez 13005 S.W. 115 CT. Miami FLA, 33176

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

ARLENE GONZAlez 13005 5.W. 115 Ct. Miami, FLA, 33176

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigning 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.

First that Karina G. Enlerprise inc	
(Name of Corporation)	
desiring to organize under the laws of the State of with its principal office, as (Florida)	
indicated in the articles of incorporation has named <u>Galeae</u> . <u>Granule</u>	
(Name of Registered Agent)	
located at 1905 S.W 115 Ct Main FL. 3317	<u> </u>
City of Mami County of Dade U.S.A	
(City) (County)	

State of Florida, as its agent to accept service of process within this 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 PROVISIONS OF ALL STATUTES RELATING TO THE PORPER AND COMPLETE PERFORMANCE OF MU DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIHGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature_

99 MAY 21 PM 2: 46
SECRETARY OF STATE
TALLAHASSEE FIREIDA

Incorporator

gistered Agent