00004749

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000012526 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

: (305)599-0839 Fax Number

: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

Y 2 K WIRELESS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

5/25/99 7:57 AM

lof2

ARTICLES OF INCORPORATION

Y 2 K WIRELESS, INC.

We, the undersigned, are desirous of forming a corporation under the laws of the State of Florida, such laws that are applicable to corporations for profit, and respectfully petition the Secretary of State for approval of such incorporation under the following proposed Certificate of Incorporation.

ARTICLE 1

NAME

The name of this corporation shall be Y 2 K WIRELESS and its principle place of business shall be . 17840 SOUTH DIXIE HWY MIAMI,FL 33139 and any other location that the board of directors may deem appropriate.

ARTICLE II

RESIDENT AGENT

The resident AGENT OF THE CORPORATION SHALL BE MAZEN AWADA 17840 SOUTH DIXIE HWY MIAMI, FL 33157.

ARTICLE III

GENERAL NATURE OF BUSINESS

The general purpose or object to be transacted, promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the State Florida.

ARTICLE IV

SHARES OF STOCK - NUMBER

The maximum number of shares of stock that the corporation is authorized to have outstanding at any time is five hundred (500) of common stock.

Prepared By: Bonwit & Tax Services, Inc. 17891 S. Dixie Hwy.

Suite 6

Miami, FLorida 33157 Phone#(305)-232-1640 99 NAY 25 PM 4: 1
SECRETARY OF STATE
TALL ANASSEE FLORID

H99000012526 2

ARTICLE V AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00).

ARTICLE VI

DURATION

This corporation is to have perpetual existence, commencing upon the approval by the Secretary of State of this certificate of

ARTICLE VII

DIRECTORS

The affairs of the corporation will be managed by 1 Directors. The names and addresses of the individuals who are to serve as directors until new directors are elected at the shareholders meeting are:

NAME

MAZEN AWADA

1300 COLLINS AVE APT 208 MALENE L 379

ARTICLE VIII

OFFICERS

The names and address of the individuals who will serve as the initial officer of the corporation until new officers of the corporation are appointed at the time of the first meeting of the shareholders are as follows:

NAME

ADDRESS

MAZEN AWADA

PRESIDENT

1300 COLLINS AVE APT 208 MIAMI BEACH ,FL. 33139

We, the undersigned, being the original subscribers to this certificate of incorporation, do hereby make, subscribe, acknowledge and file this certificate and certify that the facts stated herein are true, and have hereunto set my hand and seal this

99 MAY 25 PM 4: 14
SECRETARY OF STATE
ANALYSEE FLORIDA

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.

 The name of the corporation is ,Y 2 K WIRELESS ,INC
 The name and address of the registered agent and office MAZEN AWADA 17040 SOUTH DIXIE HWY. 17840 SOUTH DIXIE HWY

SIGNATURE

TITLE

DATE_5-24-99

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY. I FURTHER AGREED 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

5-24-89