P9900050306

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

300002889343--3 -05/28/99--01042--013 ****122.50 ******78.75

Re: SHAKTIPAT, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Michael A. Palandro

SHAKTIPAT, Inc.

SHAKTIPAT, Inc. 4389 Worthington Circle Palm Harbor, FL 34685 (727) 771-9185 99 HAY 28 AM 9: 00 SECRETARY OF STATE

Shak_inc

RROCK JUN 4 199

ARTICLES OF INCORPORATION

SHAKTIPAT, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

was an arrive or invest permitted for each corporation.	40, 99
ARTICLE I - CORPORATE NAME	LEG MA
The name of the corporation is: SHAKTIPAT, IW	C.
	STATE STATE
ARTICLE II - DURATION	F.

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ______ shares of common stock, par value \$ _____ per share

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS 4389 WORTHING TON CIRCLE					
			_		
CITY	PALM	HARBOR	FLORIDA	ZIP 34685	
Ma	iling address	, if different			
STREE	T ADDRESS				
			,		
CITY			FLORIDA	ZIP	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	MICH	AEL A. I	PALANDI	RO	
ADDRESS	4389	WORTH	WGTON	CIRCLE	
CITY	PALM	HARBOR		FLORIDA	ZIP <i>34685</i>

ARTICLE VII - INITIAL BOARD OF DIRECTORS

NAME MATHIAS	PIENARE	
	P. LEVAREK	
	HARD LANE	WD 621 ==
CITY SEDONA	STATE AZ	ZIP 86 334
NAME		
ADDRESS		·
CITY	STATE	_ ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
	THINGTON CIRCLE STATE FL	
CITY PAIM HARBO	AINGIBN CINCLE	ZIP 3416
NAME		- 700
ADDRESS	-	
CITY	STATE	ZIP
NAME		
ADDRESS		<u>-</u>
CITY	STATE	ZIP
The undersigned incorporator(s) have e	xecuted these Articles of Incorporation thi	is26 <u>#</u> 1
lay of	, 19 <u>99</u> .	
		/
•	~ ./	
	-2.1	(Signature)
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		(Signatur

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SHAKTIPAT, INC. (name of corporation)	SECNETARY OF STATE	
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Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 43	389	WORTH	129	TON	CIR	CLE	
en <u>P</u>	un	HARBO	R,	FL	346	85_	
has named	N	11CHAEL	A.	PA	LAN	IDRO	

located at the aforesaid address, as its registered 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

	MAY 26,	1999
(Signature)	(Date)	