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

APLICE OF THE		
CHILDHASSEE. FL		B
	26.5	5
	ASS.	

SUBJECT:		sed corporate name -		
OUT TO COME	Santini	MAVARDI	ld -	

500002907625 -06/17/99--01062--008 *****70.00 *****70.00

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

& Certified Copy

Filing Fee

\$87.50

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

SONAL MAWARDI FROM: Name (Printed or typed) 20185 Address N. MIAMI FL. 33179. City, State & Zip 305-651-6669.

Daytime Telephone number

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

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:

SANTINI MAWARDI INC



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

20185 N.E 16th PLACE, N. MiAMI FZ. 33179

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SOUNY MAWARDI

5741 OAKDAIE FELL. HOLLYWOOD, FL. 33312

ARTICLE V INCORPORATOR

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

Soloy MAWARD!

5741 OAKDAIE FERE. HOLYWOOD, FE. 333.12

Signature/Incorporator

JUNE 10/49.

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