TRANSPITTALLEFTER

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

| SUBJECT: | SICILIAN. | A, INC. | | | |
|---------------------|---|---|---|-----|--|
| | (Proposed corpora | te name - must include su | fix) | | |
| | | 90 | 0002971119 -08/26/3901066 *****78.75 ***** | 004 | |
| Enclosed is an orig | ginal and one(1) copy of the articles | of incorporation and a | check for : | | |
| \$70.00 Filing Fee | | □\$122.50 Filing Fee & Certified Copy | \$131.25 Filing Fee, Certified Copy & Certificate | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| FROM: _ | Sandra M. Sfil | 10 | | | |
| | • • | | | | |
| | 8254 SW 196 | | | | |
| Miami Fl. 33189 | | | 95 TAL | | |
| _ | City, State & Zip ALL AHASSI (305) 992-7935 | | | | |
| | | | | | |
| _ | Daytime Telepho | ne number | PM 2: 30 COF STATE EE, FLORIDA | | |

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

T BROWN AUG 3 1 1999

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 Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SICILIANA, INC.

ARTICLE II PRINCIPAL OFFICE

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

8254 SW 196 terr Miami Fl 33189

ARTICLE III SHARES

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

1000 - \$ 1.00 VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sondra M. Sfilio 8254 SW 196 FERT MIOMI Fl 33189

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Sandra M. Sfilio (President)
Elio Sfilio (Vice-president)
8254 SW 196 terr
Miami Fl 33189

Manuel Gonzalez (Ceo)
1043 W 66 St
Hialeah Fl. 33012

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of August

, 19<u>99</u>

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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.

| 1. The name of the co | orporation is | <u>.</u> |
|-----------------------|---|-------------|
| | | |
| 2. The name and addr | ress of the registered agent and office is: | 786 |
| _ | Sandra M. Sfilio | NG 26 |
| | (NAME) | SEE O |
| | 8254 SW 196 Ferr. | F 57 22:3 |
| - | (P. O. Box or Mail Drop Box NOT ACCEPTABLE) | |
| | Miomi Fl. 33189 | 7 |
| _ | (CITY/STATE/ZIP) | |

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.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314