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COLODNY, FASS & TALENFELD, P.A.

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Reply to: Fort Lauderdale

Tallahassee Office

204 South Monroe Street Tallahassee, Florida 32301 Telephone: (850) 577-0398 Facsimile: (850) 577-0385

February 6, 2001

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

Re: Zacchini Enterprises, Inc.

Dear Sir:

Enclosed please find an original and one copy of the Articles of Incorporation of Zacchini Enterprises, Inc. We also enclose our check in the amount of \$78.75 representing:

Filing fee\$ 35.00
Certificate designating registered agent 35.00
Certified copy of Articles of Incorporation 8.75

TOTAL FEE: \$ 78.75

as well as a self-addressed stamped envelope for your convenience in providing the undersigned with the Certificate designating registered agent, certified copy of Articles of Incorporation, and the charter number for this corporation.

Thanking you in advance for your prompt attention to this matter.

JSF/sal Enclosures:

Original and 1 of Articles Check for \$78.75 Return envelope

S. Fass

Very truly your

FEB -9 PHI2: 35

F. CHESTER FEB 1 2 2000

ARTICLES OF INCORPORATION OF ZACCHINI ENTERPRISES, INC.

The undersigned subscriber to these Articles incorporation, natural person competent to contract, hereby for a corporation under the laws of the State of Florida.

ARTICLE I

The name of the corporation shall be: ZACCHINI ENTERPRISES, INC. Its business shall be carried on in the State of Florida, in the United States of America, and elsewhere, as may be authorized by its Board of Directors.

ARTICLE II

The maximum number of shares that the corporation is authorized to have outstanding at any time shall be one hundred (100) shares of common stock at a par value of \$.00 per share.

ARTICLE III

The registered principal office of this corporation will be 1208 North Orange Avenue, Sarasota, Florida 34236.

ARTICLE IV

The name and post office address of the first Board of Directors, who shall hold office for the first year of the corporation's existence, or until her successor is elected and have qualified, is as follows:

NAME ADDRESS

Leslie Zacchini

1208 North Orange Avenue Sarasota, Florida 34236

CERTIFICATE DESIGNATING PLACE OF BUSINESS_FOR DOMICILE FOR THE SERVICES OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

ARTICLE V

In pursuance of Chapter 48.091, Florida Statutes the following is submitted, in compliance with said Act:

First. That ZACCHINI ENTERPRISES, INC., desiring to organize under the laws of the State of Florida with its registered office indicated in the Articles of Incorporation at 1208 North Orange Avenue, City of Sarasota, State of Florida 34236, has named LESLIE ZACCHINI as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

LESLIE ZACCHINI, Resident Agent

ARTICLE VI

The name and address of the subscriber to the Articles of Incorporation is as follows:

NAME

ADDRESS

Leslie Zacchini

1208 North Orange Avenue Sarasota, Florida 34236

ARTICLE VII

The Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a Stockholders' Meeting by a majority of the stockholders entitled to vote thereon, unless all the Directors and all the Stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

ARTICLE VIII

The corporation shall indemnify its directors, officers, employees and agents to the fullest extent permitted by law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ________, 2001.

ZESLIE ZA CHINI

STATE OF FLORIDA

ss.

COUNTY OF Sarasota:

The foregoing instrument was acknowledged before me this

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30 day of _______, 2001, by LESLIE ZACCHINI, who is personally known to me or who has produced _____ as identification. My commission expires: Charles H Barker Typed Printed Mame of Acknowledger

**My Commission CC700626

NOTARY PUBLISHMAN 13, 2002 *My Commission CC700626 (SEXT) Expires January 13, 2002

STATE OF FLORIDA AT LARGE