

PD5000008639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

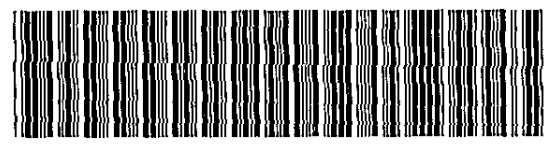
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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C.S. 11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 131088 5018754

AUTHORIZATION :

Patricia Figueira

COST LIMIT : \$ 70.00

ORDER DATE : January 7, 2005

ORDER TIME : 9:36 AM

ORDER NO. : 131088-005

CUSTOMER NO: 5018754

CUSTOMER: Ms. Mindy Araujo
Mendonca & Suarez L.l.c.
Certified Public Accountants
505 North Broad Street

Elizabeth, NJ 07208

DOMESTIC FILING

NAME: SHADOWFAX, INC.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

Shadowfax, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Business Address:
9030 One Putt Place
Port. St. Lucie, FL 34986

Mailing Address:
c/o 505 North Broad
Elizabeth, NJ 07208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activity within the purpose for which corporations may be organized under chapter 607 F.S.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 No par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Glenn Lane, 9030 One Putt Place, Port. St. Lucie, FL 34986, V. President
Evelyn Lane, 9030 One Putt Place, Port. St. Lucie, FL 34986, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Helder Mendonca, CPA
505 North Broad Street
Elizabeth, NJ 07208

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Corporation Service Company

By: Sabatha Miller, Asst VP
Signature/Registered Agent

1/13/05
Date

[Signature]
Signature Incorporator

1/7/05
Date