

2/19/98

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FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: THE COPING CONNECTION, INC.
AUDIT NUMBER.....H98000003421
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 20, 1998

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SUBJECT: THE COPING CONNECTION, INC.
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Neysa Culligan
Document Specialist

FAX Aud. #: H98000003421
Letter Number: 098A00009761

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ARTICLES OF INCORPORATION
OF
The Coping Connection, Inc.

ARTICLE I - NAME

The name of this corporation shall be:

The Coping Connection, Inc.

The initial principal office location shall be at:

P.O. Box 8444
Coral Springs, Florida 33065

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of filing these Articles of Incorporation with the Department of State.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of \$1.00 par value common stock which shall be designated "Common Shares".

ARTICLE V - PREEMPTIVE RIGHTS

Every Shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his or her pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 432 N.E. 3rd. Avenue, Ft. Lauderdale, Florida and the name of the initial registered agent is John P. Fronk.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE Director(s) constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the Bylaws. The

John P. Fronk, Esq.
432 N.E. 3rd. Avenue
Ft. Lauderdale, Florida 33301
(954) 462-6624
FBN: 441211

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TALLAHASSEE, FLORIDA

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name(s) and address(es) of the initial Board of Directors of this corporation is (are):

<u>NAME</u>	<u>ADDRESS</u>
Debra Adametz	P.O. Box 8444 Coral Springs, Florida 33065

ARTICLE VII - INCORPORATORS

The name and address of each person signing these Articles of Incorporation are:

<u>NAME</u>	<u>ADDRESS</u>
Debra Adametz	P.O. Box 8444 Coral Springs, Florida 33065

ARTICLE VII - INDEMNIFICATION

The corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 19th day of February, 1998.

Debra Adametz
Incorporator: Debra Adametz

STATE OF FLORIDA
COUNTY OF BROWARD

I Hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, in the State and County set forth above, personally appeared Debra Adametz known to me to be the person described in and who executed the foregoing Articles of Incorporation, who acknowledged before me that she executed same, that I relied upon the following form(s) of identification of the above-named person: personal knowledge.

Witness my hand and official seal in the County and State last aforesaid this 19 day of February, 1998.

NOTARY PUBLIC:

sign
print

Anita Gayle Harold
State of Florida at Large (Seal)
My Commission Expires:



Anita Gayle Harold
My Commission CC655514
Expires August 01, 2001

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH FLORIDA STATUTES SECTION 48.091, THE FOLLOWING IS SUBMITTED:

THAT The Coping Connection, Inc. DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH IT'S PRINCIPAL PLACE OF BUSINESS IN THE CITY OF Coral Springs, STATE OF FLORIDA, HAS NAMED John P. Fronk LOCATED AT 432 N.E. 3rd. Avenue, Ft. Lauderdale, Florida AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA.

SIGNATURE: 

(Corporate Officer)

TITLE: presidentDATE: 2/19/98

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

SIGNATURE: 

John P. Fronk

DATE: 2/19/98

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TALLAHASSEE, FLORIDA

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