TRANSMITTAL LETTER

Department of State 19 4 3 19 19 Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

700003097797--2 -01/13/00--01067--009 *****87.50 *****87.58

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

□ \$70.00 **□** \$78.75

the semile in all less part a rich of

Antigon of the states

Commence of the Same of the Commence of

Filing Fee

Filing Fee

100 - 41 8.18

File Fee

aportasins -

& Certificate of Status

□\$78.7*5*

Filing Fee

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

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:

LLOYD PRYCE INC.

ARTICLE II PRINCIPAL OFFICE

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

300 NW. 190 ST

MIAMI FL 33:469 Gass pro

ARTICLE III SHARES

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

75

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LLOYD PRYCE

300 NW 190 58

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

LLOYD PRYCE

300 NW190 ST

MIAMI FL 33169, 110

Signature/Incorporator

1/10/2000 Date

SHARES

till fall å kraak jakti

(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 stabilities 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

MONKIN RANDR

usure, lacygue ster .

Date