

TRANSMITTAL LETTER

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

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-01/14/00--01063--005
*****87.50 *****87.50

SUBJECT: LESCOTT, INC.
(Proposed corporate name - must include suffix)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CYNTHIA M. LESLIE
Name (Printed or typed)

9802 SW 57th Street
Address

Cooper City, Florida 32929
City, State & Zip

(954) 434-1183
Daytime Telephone number

00 JAN 14 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

ARTICLES OF INCORPORATION

LESCOTT, INC.^{of}
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

LESCOTT, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered ^{Agent} Agent of this Corporation is:

NAME	<u>CYNTHIA M. LESLIE</u>		
ADDRESS	<u>9802 SW 57th Street</u>		
CITY	<u>Cooper City</u>	FLORIDA	<u>Florida</u> ZIP <u>33328</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>ELLEN J. SCOTT</u>		
ADDRESS	<u>10265 S.W. 49th Court</u>		
CITY	<u>Cooper City</u>	STATE	<u>Florida</u> ZIP <u>33328</u>
NAME	<u>CYNTHIA M. LESLIE</u>		
ADDRESS	<u>9802 SW 57th Street</u>		
CITY	<u>Cooper City</u>	STATE	<u>Florida</u> ZIP <u>33328</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME	ELLEN J. SCOTT		
ADDRESS	10265 SW 49 th Court		
CITY	Cooper City	STATE	Florida ZIP 33328
NAME	CYNTHIA M. LESLIE		
ADDRESS	9802 SW 57 th Street		
CITY	Cooper City	STATE	Florida ZIP 33328
NAME			
ADDRESS			
CITY		STATE	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 10th day of January, 2000.

[Signature] (Seal)
[Signature] (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF Broward) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

ELLEN J. Scott and Cynthia M. Leslie

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 10th day of January, 2000.

(Notary Seal)

[Signature]
 (Notary Public, State of Florida at Large)

My Commission expires:



CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

LESCOTT, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 9802 SW 57th Street

Cooper City, Florida 33328

has named Cynthia M. Leslie

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

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

Cynthia M. Leslie
(registered agent)

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00 JAN 14 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA