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TRANSMITTAL LETTER

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

800003124028--8  
-02/04/00--01050--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Florida Swap, Inc.

(Proposed corporate name - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB -1, PM 3:42

FILED

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:

Johannes CSUNKA

Name (Printed or typed)

2 Harbor Dr.

Address

Lake Worth, FL 33460

City, State & Zip

(561) 586-2337

Daytime Telephone number

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

F. CHESLER

FEB 9

2000

## 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:

FLORIDA SWAP, INC.

### ARTICLE II PRINCIPAL OFFICE

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

2 HARBOR DR., LAKE WORTH FL, 33460

### ARTICLE III SHARES

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

100-

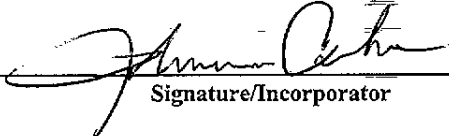
### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHANNES C SONKA 2 HARBOR DR.  
John Csonka LAKE WORTH FL, 33460

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:


JOHANNES C SONKA 2 HARBOR DR.  
John Csonka LAKE WORTH FL, 33460  
  
Signature/Incorporator

7-31-2000

Date

(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 statutes 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

7-31-2000

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB -4 PM 3:42

FILED