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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**MARGIOTTA, INC.**

Certificate of Status	0
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B. McKnight FEB 22 2000

**ARTICLES OF INCORPORATION  
OF**

**MARGIOTTA, INC.**

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**ARTICLE I. NAME**

**The name of the corporation shall be:**

**MARGIOTTA, INC.**

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**ARTICLE II. PRINCIPAL OFFICE**

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

**PO BOX 8544**

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**PORT ST. LUCIE, FL. 34985**

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**ARTICLE III. CAPITAL STOCK**

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

**500 ( FIVE HUNDRED )**

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**PREPARED BY:  
TRIPLE CHECK INCOME TAX SERVICE  
2506 DELAWARE AVE  
FORT PIERCE FLORIDA 34947**

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**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

ANTHONY MARGIOTTA

4221 EGRET POND TERRACE

PALM CITY, FL. 34990

**ARTICLE V INCORPORATOR**

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

ANTHONY MARGIOTTA

PO BOX 8544

PORT ST. LUCIE, FL. 34985

The undersigned has executed these Articles of Incorporation this 20th day of FEBRUARY 2000.

Anthony Margiotta

ANTHONY MARGIOTTA, Incorporator

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

MARGIOTTA, INC.

2. The name and address of the registered agent and office is:

ANTHONY MARGIOTTA

4221 EGRETPONCE TERRACE

PALM CITY, FL. 34990

Signature: Anthony Margiotta

Title: PRESIDENT

Date: 02-22-00

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: Anthony Margiotta

Date: 02-22-00

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