

**HERBCO AUDITING SERVICE, INC**

P. O BOX 16431  
PLANTATION, FLORIDA 33318-6431

Phone 954-791-7041  
Fax 954-321-3541

P000000019501

February 16, 2000

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

800003142008--8  
-02/21/00--01133--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Gentlemen:

Enclosed find 2 copies of the Articles of Incorporation for "S C G, INC".

A check in the amount of \$70.00 is enclosed to cover costs.

Please file and send to the above address at your earliest convenience.

Sincerely,

*Herbert B Steinberg*  
Herbert B. Steinberg

FILED  
00 FEB 21 AM 11:51  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

C.C.  
2-24-00

ARTICLES OF INCORPORATION

"S C G, INC "

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is: S C G, INC

ARTICLE TWO

The address of the corporation is:

3530 Northwest 73 Way

Coral Springs, Florida 33065

ARTICLE THREE

The number of shares that this corporation is authorized to have outstanding at any one time is 500. All will be common without par value.

ARTICLE FOUR

The name and Florida address of the initial registered agent is:

Sandra Grala

3530 Northwest 73 Way

Coral Springs, Florida 33065

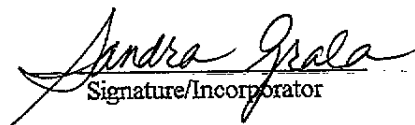
ARTICLE FIVE

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

Sandra Grala

3530 Northwest 73 Way

Coral Springs, Florida 33065

  
Signature/Incorporator

2/14/00  
Date

ARTICLE SIX

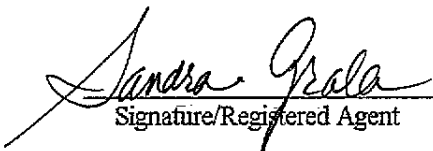
The corporation shall be deemed to commence it's existence when filed.

FILED  
00 FEB 21 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

"S C G, INC"

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 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

  
Date

FILED  
00 FEB 21 AM 11:52  
SLOAN COUNTY STATE  
TALLAHASSEE, FLORIDA