Department of State

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

The ShoeFlor Corporation

(Proposed corporate name - must include suffix)

-04/07/00--01064 *****78.75 *****78.75

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

\$70.00 ¥¥ \$78.75 Filing Fee Filing Fee

& Certificate of Status

□\$78.75 Filing Fee **□** \$87.50 ÷ Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status C

ADDITIONAL COPY REQUIRED

Michael L. Scheufler FROM:

Name (Printed or typed)

Lauderdale, Florida 33309 City, State & Zip

(954) 216-8528

Daytime Telephone number

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

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

The name of the corporation shall be:

The ShoeFlor Corporation

ARTICLE II PRINCIPAL OFFICE

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

449 N.W. 47th Street

Ft. Lauderdale, Florida 33309

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand Shares (1,000)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael L. Scheufler

449 N.W. 47th Street

Ft. Lauderdale, Florida 33309

INCORPORATOR ARTICLE V

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

Michael L. Scheufler

449 N.W. 47th Street Ft. Lauderdale, Florida 33309

Signature/Incorporator

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(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