

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694

: (305)541-3770 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

SGB HOLDINGS, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

OF

FFECTIVE DATE

SGB HOLDINGS, INC.

ARTICLE T

Name

The name of this corporation is SGB HOLDINGS, INC.

ARTICLE II

Duration

This corporation shall have perpetual existence. The effective date of this corporation shall be July 10, 2000

ARTICLE III

Purpose

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV

Capital Stock

This corporation is authorized to issue ONE HUNDRED (100) shares of One Dollar (\$1.00) par value common stock.

ARTICLE V

Pre-Emptive Rights

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that prorata share thereof (as nearly as may be done without issuance of which he already holds, shall have the right to purchase his fractional shares) at the price at which it is offered to others.

Document Prepared By: steve Lander, Esq.; FBN: 0066958 409 Southeast Seventh Street Fort Lauderdale, Florida 33301

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DIVISION OF CERPORATIONS

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ARTICLE VI

Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 10097 CLEARY BLVD., SUITE 350, FORT LAUDERDALE, FLORIDA 33324 and the name of the initial registered agent of this corporation at the address is STEVEN G. BOWSER.

ARTICLE VII

Principal Business Address

The corporation's principal place of business will be located at 1839 Middle River Drive, Suite 504, Fort Lauderdale, Florida 33305.

ARTICLE VIII

This corporation shall have One (1) director initially. The number of directors may be either increased or diminished from time to time by the Bylaws but shall never be less than one. The name and address of the initial director(s) of this corporation is:

Name

Address

STEVEN G. BOWSER (President)

10097 CLEARY BLVD., SUITE 350 FORT LAUDERDALE, FLORIDA 33324

ARTICLE IX

Incorporator

The name and address of the person(s) signing these Articles is:

Name

<u>Address</u>

STEVEN G. BOWSER (President)

1839 Middle River Drive, Suite 504 FORT LAUDERDALE, FLORIDA 33324

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ARTICLE X

Indemnification

The corporation shall indomnify any officer or director or any former officer or director to the full extent permitted by law.

ARTICLE XI

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

7

_, 2000.

Subscriber

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED:

In pursuant of Section 481.91 and Section 607.034(3), Florida Statutes, the following is submitted in compliance with said Sections.

SGB HOLDINGS, INC.

desiring to organize under the laws of the State of Florida, designates as its agent to accept service of process within this State, FLORIDA, with its agent's office as indicated in the Certificate of Incorporation, at the City of FORT LAUDERDALE, located at 10097 CLEARY BLVD., SUITE 350, FLORIDA 33324.

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ACKNOWLEDGMENT: STEVEN G. BOWSER

Having been named to accept service of process forth above-named corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Sections relative to keeping open said office.

Registered Agent

STATE OF FLORIDA

COUNTY OF BROWARD

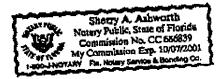
I HEREBY CERTIFY that on this date, before me, an officer duly authorized in the State aforesaid and in the County atoresaid to take acknowledgements, personally appeared, Steven G. Bowser, who is personally known to me or has produced personally known to me or has produced as identification and who did did not take an oath, and who executed the foregoing instrument and he she acknowledged before me that he she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal of the county of Broward, State of Florida, on this _____ day of ______, 2000.

NOTARY PUBLIC

Typed of Written Name of Notary)

my commission expires:



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SECRETARY OF STATE DIVISION OF CHAPTONS

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