PCCOCCOSHO TRANSMITTAL LETTER 40

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

SUBJECT:

TROPICANA MULTISERVICES INC.

(Proposed corporate name - must include suffix)

800003378878--9 -08/31/00--01069--004 *****87.50 ******87.50

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

□\$70.00

□ \$78.75

※ \$87.50

Filling Fee

FROM:

Filling Fee

Filling Fee

& Certificate

&Certified copy

&Certificate

ARELYS TERESA CHANG
Name (printed or typed)

10045 MONTEGO BAY DR., MIAMI, FIORIDA 33189

Address

AUG 31 PM 5 RETAKY UF ST NHASSEE, FISH

MIAMI, FL. 33189 City, State & Zip

(305) 254-8723 / (305) 310-5550

Daytime Telephone number

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

Jt 9/6

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: TROPICANA MÜLTISERVICES, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 10045 MONTEGO BAY DR., MIAMI, FLORIDA 33189 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand (1,000) shares at one (\$1.00) dollar value ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: ARELYS TERESA CHANG 10045 MONTEGO BAY DR., MIAMI, FLORIDA 33189 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: MARITZA IZQUIERDO 10045 MONTEGO BAY DR., MIAMI, FLORIDA 33189 (An additional article must be added if an effective date is requested.) Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as the 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 STATE OF FLORIDA, COUNTY OF MIAMI DADE BEFORE ME, the undersigned authority, on this day of_ _, 2000, personally appeared . To me well known to be the person described in and who signed the Foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

DATE 8/2//2000
My Commission Expires: 1/16/2002

WITNESS my hand and official seal the date aforesaid.

AURORA A. THOMEN MY COMMISSION # CC 791333 EXPIRES: 11/16/2002