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

Re: Sebastian Properties, Inc

SECREPTION OF STATE OF STATE OF STATE OF CONFIGURATIONS

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

70003388227--8
-09/11/00--01091--014
*****78.75 ******78.75

Walter Cl Mazgrer fr(Individual's Name)

Sebastian Properties Inc.
(Name of Corporation)

- MAILING ADDRESS OF CO	DRPORATION -
III/AILING ABBITEOU OF OC	or or or or
518 Michael	Ch.
O TO THEMATEL	311
Sebastian, FL	719 <i>-Q</i>
-ebastian, FL	JA 120
PHONE -	
(56) 589-7784	
Area Code Number	Ext.

× 9/13/00

ARTICLES OF INCORPORATION of

<u>Sebastian</u>	Proporties	Inco
The undersigned acting as the incorporators of a corpor the following articles of incorporation for such corporation:	ation under the Florida Busin	ess Corporation Act, adopt(s)
	CORPORATE NAME	- ANS
The name of the corporation is: Sebastian	Properties	Inc. State
	E II - DURATION	PARTIE STATE
This corporation shall exist perpetually unless dissolve	d according to Florida law.	10HS
ARTICL	E III - PURPOSE	
The corporation is organized for the purpose of engagi United States and the State of Florida.	ng in any activities or busines	s permitted under the laws of the
ARTICLE I	V - CAPITAL STOCK	
The corporation is authorized to issue _500_sha	res of common stock, par valu	ne \$ per share.
ARTICLE V - INI The street address of the initial principal office and, if	TIAL PRINCIPAL OFFICE different, the mailing address	is:
STREET ADDRESS 518 Michael	S	
CITY Sebastian	FLORIDA	ZIP 32958
Mailing address, if different		
STREET ADDRESS	<u> </u>	
,		
CITY	FLORIDA	ZIP
	EGISTERED OFFICE ANL	
The street address of the initial registered office	and the name of the initial	registered agent at the office is
NAME Walter A Morgner	- Jr	
ADDRESS 518 Michael St	•	
CITY Sebastian	FLORIDA	ZIP 32958

ARTICLE VII	- INITIAL BOARD OF DIRECTORS	
This corporation shall have		
addresses of the initial director(s) of the corporation		if one (1). The names and
NAME Walter A Mora	uer Jr.	
ADDRESS 518 Michael St	7.	
CITY Soldstian	STATE FL	zip 32958
	likolai	7
ADDRESS 42 FARM LANE		
CITY Great Neck	STATE NY	ZIP //020
NAME		•
ADDRESS	_	
CITY	STATE	ZIP
ARTIC	LE VIII - INCORPORATORS	** *
The names and addresses of the incorporators signir		follows:
NAME 11) 2 Her A Marci	ner Jr	
ADDRESS 5/8 Michael 5	+-	
CITY Sebartian	STATE FL	ZIP 32958
NAME James D N	Kolai	
ADDRESS 42 Farm lane		
CITY Great Neck	STATE NY	ZIP //020
NAME		
ADDRESS	-	
CITY	STATE	ZIP
The undersigned incorporator(s) have executed	these Articles of Incorporation this	175
day of July	<u></u>	
		ħ.
	Warnogu	(Signature)
	1/1.1/	V
	Jan H	(Signature)
	<i>v</i> ·	(C:
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED
SECKETARY OF STATE
STYRED OF UGRPORATIONS

00 SEP 11 AMII: 49

Sehastian	Properties	Inc.		
(name of corporation)				

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

as marcacca.	in the axtheres o	Timeorpore	111011		
at	18 Mic	chdel	St.		
S	ebastian	TL.	32958		
has named _	Walter	A	Morgner	Jh.	

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Wa Morgrer J 7-17-2000
(Signature) (Date)