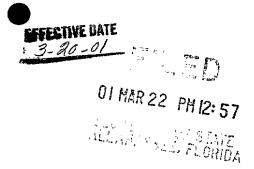
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TRANSMITTAL LETTER

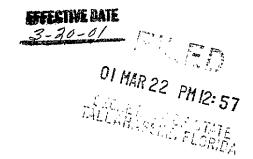
		-03/22/0101
Department of State		-03/22/0103 ******78.75
Division of Corporations	-	Anthonorus E Cha I Ch
P.O. Box 6327	=	
Tallahassee, FL 32314		

SUBJECT: STUART LISS, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

FROM: 	GELBER AND COMPANY							
	Name	i - i - i - i - i - i - i - i -				v **		
	285 N.W. 199 TH Street, Suite 20	04						
	Address					÷		
	Miami, FL 33169							
	City, State & Zip							
	(305) 651-8000	<u></u>						
	Daytime Telephone number	-				ı		



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:

STUART LISS, INC.

ARTICLE II PRINCIPAL OFFICE

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

5160 MAJORCA CLUB DRIVE BOCA RATON, FL 33404

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

STUART LISSANSKY 5160 MAJORCA CLUB DRIVE BOCA RATON, FL 33404

ARTICLE V INCORPORATOR

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

STUART LISSANSKY 5160 MAJORCA CLUB DRIVE BOCA RATON, FL 33404



ARTICLE VI EFFECTIVE DATE

The effective date of this corporation shall be: word 20, 2001

Signature/Incorporator

Date

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

Date

IN WITNESS WHEREOF,
I have signed by name and affixed
my official notary seal this
200

WELLY CWATSON
WARY PUBLIC STATE OF FLORIDA
COMPLESSION NO. CONSESS
COMPLESSION NO. CONSESS
COMPLESSION NOV. 17300

To Public