7 DO 1000047949 TRANSMITTAL LETTER

OI MAY -8 PM 2:35
TALLAHASSEE. FLORES.

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

200004163292--6 -05/08/01--01126--004 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	4835	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed is an	origina	al and one(1) copy of the articl	les of incorporation and a	check for:	
		• • • • • • • • • • • • • • • • • • • •	<u> </u>		
☐ \$70.00 Filing Fee		<b>□</b> \$78.75	<b>△</b> \$78.75	□ \$87.50	
		Filing Fee	Filing Fee	Filing Fee,	
		& Certificate of Status	& Certified Copy	Certified Copy	
				& Certificate of	
			I DDYTTONI Y GO	Status	
			ADDITIONAL CO	PY REQUIRED	
FROM:					
		Name (Printed or typed)			
		1000 Market Street, Building One			
		Address			
		1 AUG 1000			
		Portsmouth, NH 03801			
		City, State & Zip			
		Oity,	oane ee zup		

(603) 559-2156

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

Daytime Telephone number

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE I NAME</u>

The name of the corporation shall be: 4835 Holding Corp.

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SECRETARY OF STATE ALLAHASSEE, FLORIGA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10 North Ocean Boulevard Delray Beach, FL 33483

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to exercise all powers enumerated in the Florida Business Corporation Act necessary or convenient to the conduct, promotion or attainment of the business and any and all acts allowed by Florida State law.

The number of shares of stock is:

One thousand (1000) shares with a par value of One Dollar (\$1.00) per share

# ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Michael P. Walsh

10 North Ocean Boulevard

Mark T. Walsh

Delray Beach, FL 33483 10 North Ocean Boulevard

William Walsh

Delray Beach, FL 33483 1000 Market Street

ARTICLE VI REGISTERED AGENT smouth, NH 03801

The name and Florida street address of the registered agent is:

CT Corporation System, 1200 South Pine Road

Plantation, FL 33324

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa M. Grella, 1000 Market Street Portsmouth, New Hampshire 03801

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Please see sheet attached hereto and incorporated herein by reference.

Signature/Registered Agent

Date

April 30, 2001

Date

Signature/Incorporator

Acceptance by the registered agent as required in section 607.0501 (3) F.S., CT SSFOF STATE Corporation System is familiar with and accepts the obligations provided for in section 607.0505.

Dated April 30, 2001.

PATRICIA A. GANARIO, SPECIAL ASSISTANT SECRETARY