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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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FLORIDA PROFIT CORPORATION OR P.A.

ORCHID EXPLOSION, INC.

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

ORCHID EXPLOSION, INC.

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation:

FIRST: The name of the Corporation is:

ORCHID EXPLOSION, INC.

SECOND: The period of its duration is perpetual.

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the transaction of any or all lawful business for which Corporations may be incorporated under the provisions of the Florida General Corporation Act as a Professional Association engaged in the practice of real estate sales.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

One Thousand Shares (1,000) at \$1.00 par value.

FIFTH: The street address of the initial registered and principal office of the Corporation shall be:

14567 SHADOWWOOD LANE, DELRAY BEACH, FL 33484

and the name of its initial Registered Agent at such address is:

SWEE KIN NG

SIXTH: The number of Directors constituting the initial Board of Directors of the Corporation is 1, and the name and address of the person who is to serve as Director until the first annual meeting of Shareholders or until their successors are elected and shall qualify is:

SWEE KIN NG, 14567 SHADOWWOOD LANE, DELRAY BEACH, FL 33484

Prepared by: Christine Jacobsen
Southeast Accounting & Tax Services, Inc.
713 East Atlantic Blvd., Pompano Beach, FL 33060
954-941-7328

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The name and address of each incorporator is:

SWEE KIN NG
14567 SHADOWWOOD LANE, FL 33484

[Signature]

Dated: May 30, 2001

State of Florida:
County of Broward:

CHRISTINE JACOBSEN acknowledged the foregoing instrument before me this 30th day of
MAY 2001.

Christine Jacobsen
Notary Public

Personally Known X OR Produced Identification _____
Type of Identification Produced _____



SWEE KIN NG, having been designated to act as Registered Agent hereby agrees to act in this capacity.

[Signature]

Prepared by: Christine Jacobsen
Southeast Accounting & Tax Services, Inc.
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