Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : INTERNATIONAL COMPANY SERVICES (USA) LLC

Account Number : I20010000074
Phone : (954)943-1498
Fax Number : (954)943-1499

FLORIDA PROFIT CORPORATION OR P.A.

KIRPAN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02/3
Estimated Charge	\$78.75

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SECRETASY OF STATE
ABACSET FIGURE

ARTICLES OF INCORPORATION

<u>OF</u> KIRPAN, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named Corporation, a Corporation organized under the laws of the State of Florida, and all rights, duties and obligation of undersigned as incorporator, and those of the Corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I: NAME

The name of this Corporation shall be:

KIRPAN, INC.

ARTICLE II: PRINCIPAL OFFICE

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

1591 East Atlantic Blvd. S. 200 Pompano Beach, Fiorida 33060

ARTICLE III: SHARES

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

One hundred (100) shares, having an individual par value of \$1.00 per share. Unless otherwise stated in these articles, or in an amendment to these articles, there shall be one (1) class of stock of this Corporation.

ARTICLE IV: INITIAL REGISTERED AGENT

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

Carlton Management, Inc. 1591 East Atlantic Blvd. Suite 200 Pompano Beach, Florida 33060 01 JUN-1 PM 12: 39

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ARTICLE V: INCORPORATOR

The name and address of Incorporator to these Articles of Incorporation are:

Carlton Management, Inc. 1591 East Atlantic Blvd. Suite 200 Pompano Beach, Florida 33060

Signaturé / Incorporator

6-1-01

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 / Régistèred Agent

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