

June 22, 2001

PO1000063742

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

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-06/25/01--01111--007
*****70.00 *****70.00

SUBJECT: WEST COAST CELLULAR ACCESSORIES INC.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for \$70.00 representing the Filing Fee..

From:

Michael A. Frankel
1727 Meadow Lark Lane
Tarpon Springs, FL 34689

01 JUN 25 AM 10:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 6/27/01

FILED

01 JUN 25 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
WEST COAST CELLULAR ACCESSORIES INC.**

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:
WEST COAST CELLULAR ACCESSORIES INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 2514
TARPON SPRINGS, FL 34688

ARTICLE III SHARES

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

1000 SHARES OF COMMON STOCK, EACH SHARE HAVING A
PAR VALUE OF ONE DOLLAR (\$1.00)

ARTICLE IV INITIAL REGISTERED AGENT

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

JAMES E. MARCI
8090 GREENBRIER COURT
SPRING HILL, FL 34606

FILED

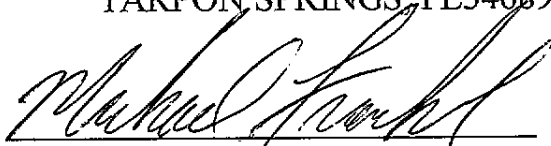
01 JUN 25 AM 10:54

ARTICLE V INCORPORATOR

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MICHAEL FRANKEL
1727 MEADOW OAK LANE
TARPON SPRINGS, FL 34689



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