**Charter Number Only** O N L Y Address City

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CORPORA	TION(S) NAME		
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(V) NonProfit	( ) Amendment	( ) Merger	
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( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Re	1-800-432-3028  01-01-00-7 SEGMENT OF COMMENT OF COMMEN
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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 29, 2001

**EMPIRE** 

MIAMI, FL

SUBJECT: PRIME OPTION'S LTD., INC

Ref. Number: W01000015101

We have received your document for PRIME OPTION'S LTD., INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6052.

Letter Number: 801A00039290

Pamela Smith Document Specialist New Filings Section

# ARTICLES OF INCORPORATION

Paven's Claw INC.

The name of the corporation is:



The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

Maven's Claw INC.
ARTICLE II - DURATION
This corporation shall exist perpetually unless dissolved according to Florida law.
ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.
The corporation is authorized to issueshares ( / O ) of  Dollar(s) (\$) par value Common Stock, which shall be designated "Common Shares".
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT  The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:
NAME LARRY GLOUBER ADDRESS 325 6208 Nr. Fed H, way Sut 319 CITY Port Soudoull FLORIDA ZIR33301
The principal office, if known, or the mailing address of the corporation is:
NAME RAVEN'S CLAW. INC.  ADDRESS 6278 No Fed Hway Such 319  CITY FOR Landed FLORIDA ZIB33208  Daily Business Review - 07/94

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have((	) directors initially. The numberaws, but shall never be less than one (1) ws:	of directors may be either  The names and addresses
NAME PANY GIARRE	ederal Hay	
CITY Fort of aughle	STATE	ZIP 33307
NAME		_
ADDRESS		
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IN WITNESS WHEREOF, the undersigned subscribe day of	er(s) have executed these Articles of Inco	(Seal)

## CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT OF

Row	ens Chai	W INC	
	(name of corporation)		

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

has named located at the aforesaid address, as its Registered Agent to accept service of process within

this state.

#### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with provisions of Florida Law in keeping open said office (registered agent)