

PO1000095325

September 19, 2001

Department of State, Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

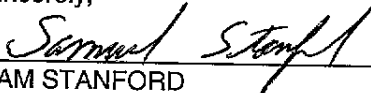
Re: TAMPA SAFE EXCHANGE, INC.

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of TAMPA SAFE EXCHANGE, INC. Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,


SAM STANFORD
303 W. WATERS AVE.
TAMPA, FL 33604

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**ARTICLES OF INCORPORATION
OF
TAMPA SAFE EXCHANGE, INC.**

ARTICLE I

The name of the Corporation is TAMPA SAFE EXCHANGE, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 303 W. WATERS AVE., TAMPA, FL 33604.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000 shares of common stock with no par value.

ARTICLE IV

The address of the initial registered office of the Corporation is 303 W. WATERS AVE., TAMPA, Florida 33604, and the name of the Corporation's initial registered agent for service of process at such address is SAM STANFORD.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:
SAM STANFORD, 303 W. WATERS AVE., TAMPA, FL 33604.

IN WITNESS WHEREOF, I have hereunto set my hand this 20 day of

September, 2001.



SAM STANFORD
303 W. WATERS AVE.
TAMPA, FL 33604

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: TAMPA SAFE EXCHANGE, INC.
2. The name of the registered agent and office is:

SAM STANFORD
303 W. WATERS AVE., TAMPA, Florida 33604

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

DATE

Samuel Stanford
09/20/01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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