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## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## FLORIDA PROFIT CORPORATION OR P.A.

Suncoast Memories Inc.

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Suncoast Memories Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**Suncoast Memories Inc.**  
1041 Capri Isles Blvd. - Unit 115  
Venice, FL 34292

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### ARTICLE III SHARES

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

**1500 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Walter S. Rozen**  
1041 Capri Isles Blvd. - Unit 115  
Venice, FL 34292

*Prepared By:*  
Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Walter S. Rozen  
1041 Capri Isles Blvd. - Unit 115  
Venice, FL 34292

Dianna M. Rozen  
1041 Capri Isles Blvd. - Unit 115  
Venice, FL 34292

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18TH day of MARCH 2002.

  
Walter S. Rozen - Signature

  
Dianna M. Rozen - Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Suncoast Memories Inc.**

2. The name and address of the registered agent and office is:

**Walter S. Rozen**

Name

**1041 Capri Isles Blvd. - Unit 115**

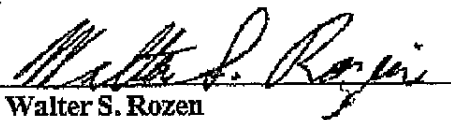
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**Venice, FL 34292**

(City / State / Zip)

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*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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
Walter S. Rozen  
SIGNATURE

**MARCH 18, 2002**

(Date)