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PO2000031162

March 14, 2002

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

500005113715--1
-03/18/02--01071--017
*****78.75 *****78.75

Re: Mucci Enterprises, Inc.

EFFECTIVE DATE
03-14-02

To Whom It May Concern:

Enclosed herewith please find the Articles of Incorporation for Mucci Enterprises, Inc.

Also enclosed is a check in the amount of \$78.75 representing Filing Fees, Registered Agent Designation and Certified Copy fees.

Thank you for your assistance.

Sincerely,

Sonya G. Heiser
Sonya G. Heiser

/sgh

Enclosures as Stated

FILED
02 MAR 18 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION FOR
MUCCI ENTERPRISES, 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 of the corporation shall be:

MUCCI ENTERPRISES , INC.

EFFECTIVE DATE
03-14-02

ARTICLE II

Principal place of business and mailing address of the corporation:

5298 NW 106TH Court
Miami, Florida 33178

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares at \$1.00 par.

ARTICLE IV

Name and Florida street address of the initial registered agent:

Max A. Holcher
1000 N. Tamiami Trail
Suite 502
Naples, Florida 34102

ARTICLE V

Name and address of the incorporator to these Articles of Incorporation:

Max A. Holcher
1000 N. Tamiami Trail
Suite 502
Naples, Florida 34102

ARTICLE VI

Effective date of this corporation is March 14, 2002.



Signature/Incorporator



Date

FILED
02 MAR 18 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent 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 am familiar with and accept the obligations of my position as Registered Agent.



Signature/Registered Agent



Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA