POAQQQOHOALOO

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

SURJECT. TOWER TNUESTMENTS

	(Proposed corpo	prate name - must include su	ffix)
ed is an origin \$70.00 Filing Fee	al and one(I) copy of the article \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy
FROM:	IAN & CO	ADDITIONAL CO	& Certificate of Status PY REQUIRED
	Name (P	rinted or typed)	· TALLAH
	PEMBROKE City, 954.430.1 Daytime T	State & Zip + 4 9 2 Telephone number	2002 APR 22 PH 4: 4,1 SEUDANY OF STATE TALLAHAPSEE FLORIDA 1.33
544 002-119	AUTHORIZATION E	GAVE	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

Signature/Incorporator

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: TOWER INVESTMENTS US TALLAHASSETELORIDA.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	
519 NW 161 AVE PEMBROKE PINES, Fl. 33028	
<u>ARTICLE III SHARES</u>	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
100 at \$1.00 each.	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are: CORREL CHRISTIAN—WINT.	_
519 NW 161 Ave, PEMBROKE Pines F1. 3302	(
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
IAN WINT & CORREL CHRISTIAN-WINT	
519 NW 161 Ave. PEMBROKE Pines F1.33028	3

(An additional article must be added if an effective date is requested.)

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

Date