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PLEASE REPLY TO:

POST OFFICE BOX 11025  
FORT LAUDERDALE, FLORIDA 33339

OF COUNSEL:  
WILLIAM ROBERT LEONARD

May 20, 2002

Division of Corporations  
Secretary of State  
P. O. Box 6327  
409 E. Gaines Street  
Tallahassee, Florida 32301

FILED  
02 MAY 22 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: Alfion Properties 1251, Inc.

Gentlemen:

I enclose herewith the original and one copy of the Articles of Incorporation of Alfion Properties 1251, Inc. and Alfion Properties 321, Inc., as well as two checks in the amount of \$ 78.75 as and for the filing fee for each set of Articles.

Please return the certified copy of each of the Articles to us as soon as is possible. Your quick service is greatly appreciated. Thank you.

Sincerely,

CGL

C. GLENN LEONARD  
CGL/cb  
Enclosures/2 Articles/2 checks

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D. WHITE MAY 22 2002

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ARTICLES OF INCORPORATION

02 MAY 22 PM 3:46

OF

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ALFION PROPERTIES 1251, INC.

ARTICLE I - NAME

The name of this corporation shall be ALFION PROPERTIES 1251, INC..

Article II - Nature of Business

This corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida, including specifically that permitted by Chapter 607, Florida Statutes.

ARTICLE III - Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock having a nominal or par value of One Dollar and No/100 (\$1.00) per share.

ARTICLE IV - REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the initial Registered Agent is:

C. Glenn Leonard                      4875 N. Federal Highway, 10<sup>th</sup> Floor  
Fort Lauderdale, Florida 33308

ARTICLE V - DIRECTORS

The number of directors constituting the initial Board of Directors shall be one (1). The name and address of the person serving on the initial Board of Directors is as follows:

C. Glenn Leonard                      4875 N. Federal Highway, 10<sup>th</sup> Floor  
Fort Lauderdale, Florida 33308

ARTICLE VI - INCORPORATORS

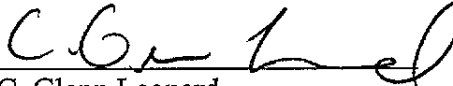
The name and street address of the Incorporator of these Articles of Incorporation is:

C. Glenn Leonard                      4875 N. Federal Highway, 10<sup>th</sup> Floor  
Fort Lauderdale, Florida 33308

ARTICLE VII - PRINCIPAL OFFICE

The principal office and mailing address of the corporation is 4875 North Federal Highway, 10<sup>th</sup> Floor, Fort Lauderdale, Florida 33308.

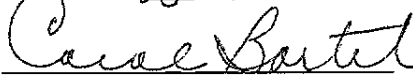
The undersigned Incorporator has executed these Articles of Incorporation this 20 day of May 2002.

  
C. Glenn Leonard

STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that this day in the next above named State and County, before me, an officer duly authorized and acting, personally appeared, C. Glenn Leonard, who presented \_\_\_\_\_ as identification and who executed the foregoing instrument, and acknowledged then and there before me that he executed said instrument for the purposes and reasons set out therein.

WITNESS my hand and official seal this 20 day of May 2002.

  
Notary Public  
My Commission expires:



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

Pursuant to the provisions of Section 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: Alfion Properties 1251, Inc., 4875 North Federal Highway, 10<sup>th</sup> Floor, Fort Lauderdale, Florida 33308.

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

C. Glenn Leonard  
4875 North Federal Highway, 10<sup>th</sup> Floor  
Fort Lauderdale, Florida 33308

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.

C. G. Reed

Signature

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA