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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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2002 JUL -2 AM 8:44
ALBANY DEPT OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

flippers II, inc.

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8-13/02



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

July 2, 2002

EMPIRE

SUBJECT: FLIPPERS II, INC.
REF: W02000019279

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

Please accept our apology, our office failed to update your mailing address correctly. We have now made the corrections.

If you have any further questions concerning your document, please call (850) 245-6904.

Freida Chesser
Corporate Specialist
New Filings Section

FAX Aud. #: H02000160158
Letter Number: 502A00041909

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H02000160158

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ARTICLES OF INCORPORATION

2002 JUL -2 AM 8:44

OF

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLIPPERS II, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: **FLIPPERS II, INC.**

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 7001 TAFT ST., HOLLYWOOD, FL 33024

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1,000 shares common stock having no individual par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: RICHARD M. MOGERMAN, 150 SOUTH PINE ISLAND ROAD, SUITE 130, PLANTATION, FL 33324

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

PRES/D
IRWIN R. MOGERMAN

7001 TAFT STREET
HOLLYWOOD, FL 33024

VP/D
ANN BURRELL

7001 TAFT STREET
HOLLYWOOD, FL 33024

VP/S/T/D
JEFF CONDON

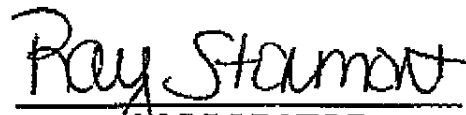
7001 TAFT STREET
HOLLYWOOD, FL 33024

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Empire Corporate Kit of America, Inc.
2444 N.W. 7TH PLACE
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 2ND day of JULY, 2002.


INCORPORATOR

Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDACERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

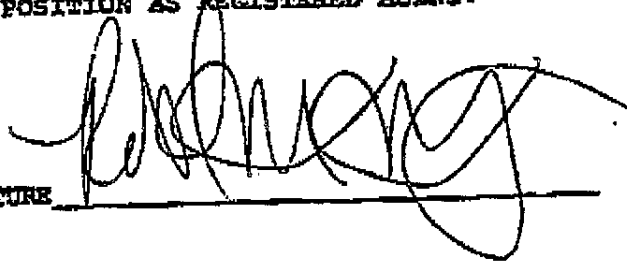
Pursuant to the provisions of section 507.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that FLIPPERS II, INC.
(Name of Corporation)
desiring to organize under the laws of the State of FLORIDA
(Florida)
with its principal office, as indicated in the articles of
incorporation has named RICHARD M. MOGERMAN
(Name of Registered Agent)
located at 150 So. Pine Island Road, Suite 130
City of Plantation County of BROWARD
(City) (County)

State of Florida, as its agent to accept service of process within this state.

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



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