Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850)205-0381

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Account Name

: HUBCO

Account Number : 1046620 03400

: (516)935-3940

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FLORIDA PROFIT CORPORATION OR P.A.

Gryphon McKensie Inc.

Certificate of Status	1
Certified Copy	0 ~
Page Count	03(4)
Estimated Charge	\$78.75

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:

Gryphon McKensie Inc.

ARTICLE II PRINCIPAL OFFICE

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

Gryphon McKensie Inc. 700 Country Club Drive Largo, FL 33771

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:

Michael Jones 700 Country Club Drive Largo, FL 33771 PILED

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SECRETARY OF STATE
TALL ALASSEF, FI GRIDA

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

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ARTICLES V INCORPORATOR(S)

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

Michael Jones 700 Country Club Drive Largo, FL 33771

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

15th _{day of} July 2002.

Michael Jones Signature

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:	Gryphon McKensie Inc.			-
2. The name and address of the regist	ered agent and office is:			
2. The hame and address of the region	ored agoni and office to			
	Michael Jones			
	Name			
	700 Country Club Drive	_		
	(P.O. Box or Mail Drop Box NOT Acceptable)			
	Largo, FL 33771	_		
	(City / State / Zip)			
corporation at the place designated agent and agree to act in this capa	rgent and to accept service of process for the above stated I in this certificate, I hereby accept the appointment as regi- city. I further agree to comply with the provisions of all the e performance of my duties, and am familiar with and accep ered agent.	statute.	S'	
Mas Lun	July 15th, 2002	SECRETARY OF STATE TALLAHASSTE, FLORIDA	02 JUL 16 PM 3: 24	
Michael Jones	(Date)	-		