202000 Charter Member Only SECRETARY TALLAHASSE

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300008150573--4 -10/02/02--01016--010 *****78.75 ******78.75

CORPORATION(S) NAME

	LNC.	
) Profit) NonProfit	() Amendment	() Merger
) Foreign	() Dissolution	() Mark
) Limited Partnership) Reinstatement	() Annual Report () Reservation	() Mark () Other () Change of Registered Agent () Certificate Under Seal () () After 4:30
Certified Copy	() Photo Copies	() Certificate Under Seal 2
) Call When Ready	() Call If Problem (Pick L	Jp () Mail Out
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CR2E031 (R8-85)

Acknowledgment

ARTICLES OF INCORPORATION

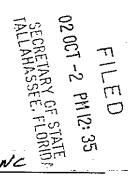
	AXI	ICLES OF INC	OKI OKALIC		
		of			02 OC SECT
THE	HOLY	TRINITY	TRUST	INC.	FILL ST-2
		(name of corp	oration)		SE PIT
	oscriber(s) to these A le laws of the State of	rticles of Incorporation f Florida.	, natural person(s) c	ompetent to cont	ract, hereby 35
The name of the cor	poration is:	ARTICLE I - CORP	ORATE NAME	<u></u>	
THE	HOLY	TRINITY	TRUST	INC.	
		ARTICLE II - D	URATION	<u> </u>	
This corporation sha	all exist perpetually u	inless dissolved accordi	ng to Florida law.		
		ARTICLE III - I	PURPOSE		
The corporation is of United States and the		pose of engaging in any	activities or busines	ss permitted under	er the laws of the
The corporation is a Dollar(s) (\$	authorized to issue) par value	ARTICLE IV- CAF ONE HUNDRED 106 Common Stock, which	shares (<i> D 0</i>	of ONE d "Common Shar	Doller res".
	ARTICLE	V - INITIAL REGISTE	RED OFFICE AND	AGENT	
		ed Agent office and the		Registered Agent	at that office is:
NAME WA	YNE D	ONALOSON			
ADDRESS 398	WEST_	LAMINO	GARDEN	5 BLUP	50,16 110
CITY BOCA	KATON	LAMINO	FLORIDA F	<u> </u>	ZIP 3 <i>3432</i>
The principal office	e, if known, or the ma	ailing address of the cor	poration is:		
NAME THE	HOLY	TRINITY CAMINO 6	TRUST	INC.	
CITY BOCA	RATON		FLORIDA /		ZIP 33432

ARTICLE VI - INITIAL BOARD OF DIRECTORS

NAME WAYNE		ALDSON							
ADDRESS 6581	NW	2155	CT						
CITY SUNRIS	5			STATE	FL	-	****	ZIP 33	3/3
NAME									
ADDRESS				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-		
CITY			·	STATE	-	·		ZIP	
NAME								 	
ADDRESS									
CITY		VV.		STATE	·····			ZIP	
The names and addresses		ARTICLE voorators signing				are as follo	ws:		
		orators signing				are as follo	ws:		- · ·
NAME WAYNE	Don	orators signing	these Art			are as follo	ž	zip 3 <i>3</i>	3/3
NAME WAYNE ADDRESS 6581 CITY SUNRISE	Don	orators signing	these Art	icles of Inc	orporation a	are as follo	ž	zip 33	3/3
NAME WAYNE ADDRESS 6581 CITY SUNRISE NAME	Don	orators signing	these Art	icles of Inc	orporation a	are as follo	ž	zip 33	3/3
NAME WAYNE ADDRESS 6581 CITY SUNRISE NAME ADDRESS	Don	orators signing	these Art	icles of Inc	orporation a	are as follo	į	zip 33	3/3
NAME WAYNE ADDRESS 6581 CITY SUNRISE NAME ADDRESS CITY	Don	orators signing	these Art	ieles of Inc	orporation a	are as follo	į		3/3
NAME WAYNE ADDRESS 6581	Don	orators signing	these Art	ieles of Inc	orporation a	are as follo	į		3/3

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF



Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

CAMINO GARDENS BLUD

BOCA RATON

has named WAYNE DONALOSON

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(Fegistered agent)