

Division of Corporations

PO2000114227

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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : FILINGS, INC.
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2002 OCT 29 PM 3:43

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FLORIDA PROFIT CORPORATION OR P.A.

A BROWARD COUNTY CORPORATION

Certificate of Status	0
Certified Copy	0
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ARTICLES OF INCORPORATION SECTION 607.0101, F.S.
TALLAHASSEE, FLORIDA

OF

A BROWARD COUNTY CORPORATION

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 this corporation shall be: **A BROWARD COUNTY CORPORATION**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: **17 West State Road 84, Fort Lauderdale, FL 33315**

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **1,000 shares.**

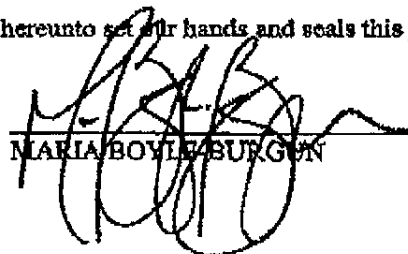
ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: **MARIA BOYLE-BURGUN**
2664 Palmer Place, Weston, FL 33332

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: **MARIA BOYLE-BURGUN, 2664 Palmer Place, Weston, FL 33332**

IN WITNESS WHEREOF, We, have hereunto set our hands and seals this ____ day of October, 2002.



MARIA BOYLE-BURGUN (SEAL)

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1888/ENC02

STATE OF FLORIDA)
COUNTY OF BROWARD)

FL. Dist. Clerk's
61170200
200400-541-66
632.012051

[Handwritten Signature]

The foregoing instrument was acknowledged before me this 28 day of October, 2002, by MARIA BOYLE BURGUM who is personally known to me or who has produced (as identification).

Carol Keaney
(Signature of Person Taking Acknowledgment)

Carol Keaney
(Name of Acknowledger Typed, Printed or Stamped)

My Commission Expires: 1/9/04
Commission No. CC 887310

(NOTARY SEAL)



Carol Keaney
MY COMMISSION # CC887310 EXPIRES
January 9, 2004
BONDED THROUGH FARMERS INSURANCE, INC.

1888/ENC02

#02000218881

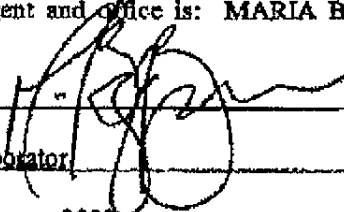
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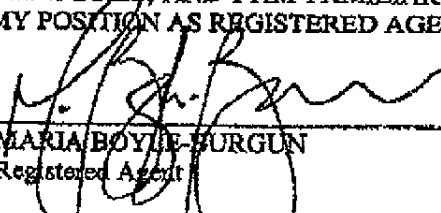
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **A BROWARD COUNTY CORPORATION**
2. The name and address of the registered agent and office is: **MARIA BOYLE-BURGUN, 2664 Palmer Place, Weston, FL 33332**

SIGNATURE:  _____
 Title Incorporator _____
 Date October 2002 _____

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 PROVISION 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.

 _____
 MARIA BOYLE-BURGUN
 Registered Agent
 DATE: October 2002

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