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To:

Division of Corporations

1 (850) 205-0381 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Yak Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

NINE LIVES, INC.

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SECRETARY : STATE
TALLAHASSEE FLORE

ARTICLES OF INCORPORATION

O£.

NINE LIVES, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE ONE NAME

The name of the corporation is NINE LIVES, INC. Principal office is located at 1325 SINGLETON AVENUE TITUSVILLE, PL 32796.

ARTICLE TWO LURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE PURPOSE

The corporation may engage in any or all lawful business permitted to corporations under the laws of the STATE OF FLORIDA, or any other state, country, territory or nation.

ARTICLE FOUR CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 1,000 shares, all of which shall be common shares with a par value of \$1.00 each.

ARTICLE FIVE REGISTERED OFFICE

The principal address of the initial registered office of the corporation shall be 7522 WILES RD SUITE 210, CORAL SPRINGS, FL 33067. The name of the initial registered agent at such address is STEVEN C. KLEIN.

ARTICLE SIX PRE-EMPTIVE RIGHTS

The shareholders shall have Pre-emptive Rights.

Prepared by Steven C. Klein, CPA 954-345-3696 7522 WILES RD. SUITE 216 Coral Springs, Fl 33067

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ARTICLE SEVEN DIRECTORS

The Board of Directors of the corporation shall consist of at least one member and not more than eleven.

The name and address of initial Directors of the Board is:

NAME HARISH GADHIA

ADDRESS 1325 N. SINGLETON AVE TITUSVILLE, FL 32796

MRUDULA GADHIA

1325 N. SINGLETON AVE TITUSVILLE, FL 32796

INCORPORATORS

The name and address of the incorporator is:

NAME STEVEN C. KLEIN

ADDRESS 7522 WILES ROAD suite 210 CORAL SPRINGS, FL 33067

STEVEN C KLEIN, Incorporator

STATE OF FLORIDA:

; \$\$

COUNTY OF BROWARD:

On this /s day of November, 2002 before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared STEVEN C. KLEIN, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC

STATE OF EXORIDA AT LARGE

MY COMMISSION EXPIRES:

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 NINE LIVES, INC.
- 2. The name and address of the registered agent and office is

STEVEN C. KLEIN
7522 WILES ROAD SUITE 210
CORAL SPRINGS, FL 33067

STEVEN OF KLEIN, INCORPORATOR

Date:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND SOMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBJUGATIONS OF SECTION 607.325, FLORIDA STATUTES.

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STEVEN CHEIN, Registered Agent

Date

State of Florida County of BROWARD

The foregoing instrument was acknowledged and sworn to before me

this 1st day of Navember 2002

Notary Public

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