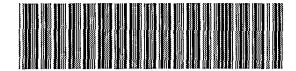
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TRANSMITTAL LETTER

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Date: 12-31-02

Subject: Elakman, Inc.

Enclosed please find:

- original and one copy of the articles of incorporation
- original and one copy of the designation of registered agent
- a check for \$ 78.75, payable to your office.

Please file the articles of incorporation and send to me a certified copy of the certificate of incorporation.

FROM: Cathy L. Lucrezi, Attorney

Cathy L. Lucrezi, P.A. Attorney for Elakman, Inc. 1500 Colonial Blvd., Suite 214

Fort Myers, FL 33907

239/931-6044 Fax 239/931-9044

FILED

03 JAN -2 AM 10:53

ARTICLES OF INCORPORATION OF

ELAKMAN, INC.

A FLORIDA CORPORATION FOR PROFIT

TALLAHASSEE, FLORIDA

In compliance with the requirements of F.S. Chapter 607, the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I

Name

The name of the corporation ("Corporation") is ELAKMAN, INC.

ARTICLE II

Duration

The existence of the corporation shall begin upon the filing of these Articles of Incorporation, and shall be perpetual until and unless dissolved.

ARTICLE III

Principal Place of Business and Mailing Address

The street and mailing address of the principal place of business of the Corporation is 13180 N. Cleveland Ave., Suite 122, North Fort Myers, Florida 33903, or as otherwise indicated in the minutes of the Corporation.

ARTICLE IV

Authorization to Issue Shares

The maximum number of shares this Corporation is authorized to issue is 100, all of which shall be Common Shares. All Common Shares shall be identical with each other in every respect and the holders of Common Shares shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLE V

Initial Registered Agent and Street Address

The name and street address of the Corporation's initial registered agent is Sy Elakman, whose address is 13180 N. Cleveland Ave., Suite 122, North Fort Myers, Florida 33903.

ARTICLE VI

Directors

The initial board of directors shall consist of 3 member. The names and address of the person who will serve on the initial board of directors are: Sy Elakman, 13180 N. Cleveland Ave., Suite 122, North Fort Myers, Florida 33903; Jennifer L. Parke, 13180 N. Cleveland Ave., Suite 122, North

Fort Myers, Florida 33903; and, Russell Elakman, 13180 N. Cleveland Ave., Suite 122, North Fort Myers, Florida 33903.

ARTICLE VII Incorporators

The names and street addresses of the persons signing these articles of incorporation are: Sy Elakman, 13180 N. Cleveland Ave., Suite 122, North Fort Myers, Florida 33903.

ARTICLE VIII Corporate Powers

The corporate powers of this corporation are as provided in Section 607.0302, Florida Statutes. The corporation shall indemnify its directors, officers, employees, and agents to the fullest extent permitted by law.

Name: Sy Elakman

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for ELAKMAN, INC. at the place designated in the articles of incorporation, the undersigned is familiar with and accepts the obligations of that position pursuant to F.S. 607.0501(3).

Name: Sy Elakman

Date: Dec 31, 2002

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 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.

- The name of the corporation is: ELAKMAN, INC. 1.
- 2. The name and address of the registered agent and office is:

SY ELAKMAN 13180 N. Cleveland Ave., Suite 122 North Fort Myers, Florida 33903

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.

Stanature STATE OF FLORIDA / **COUNTY OF LEE**

The foregoing instrument was acknowledged before me this 31 day of December, 2002, by Sy Elakman. who is (X) personally known to me or who () produced as identification

athy L. Lucrezi, Notary Public

and who did/did not take an oath.

My Commission Expires:

CATHY L WCREZ Notary Public - State of Florida ly Commission Expires May 17, 2004 Commission # CC927125