

P03000010154

Executive Offices of Rosa & Associates
7310 W. McNab Road Suite #209
Tampa, FL 33321
(954) 724-8310

(Address)

(City/State/Zip/Phone #)

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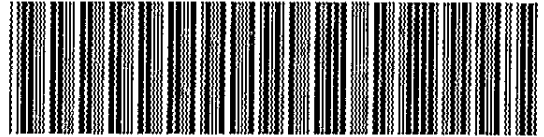
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 16, 2003

EXECUTIVE OFFICES OF ROSA & ASSOCIATES
7310 W. MCNAB ROAD
SUITE #209
TAMARAC, FL 33321

SUBJECT: P & S ENTERPRISES, INC.
Ref. Number: W03000000676

We have received your document for P & S ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filing Section

Letter Number: 403A00001100

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03 JAN 28 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF
SHERMAN, INC.

The undersigned incorporator(s), for the purposes 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:

SHERMAN, INC.

ARTICLE II PRINCIPAL OFFICE

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

73 SIMONTON CIRCLE
WESTON, FL 33326

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

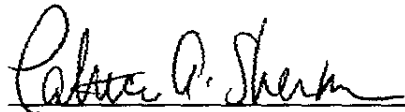
PATRICIA A. SHERMAN
73 SIMONTON CIRCLE
WESTON, FL 33326

ARTICLE V - INCORPORATORS

The names and address of the person(s) signed these Articles of Incorporation are as follows:

Name: PATRICIA A. SHERMAN
Address: 73 SIMONTON CIRCLE
City: WESTON State: FL Zip: 33326

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 2nd day of January, 2003.

 (Seal)

STATE OF FLORIDA)
COUNTY OF BROWARD)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared
PATRICIA A. SHERMAN

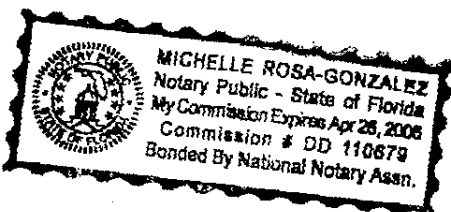
Known to me and known to the be person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before that SHE executed these Articles Of Incorporation.

IN WITNESS WHERE OF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 2nd day of January, 2003.


(Notary Public, State of Florida at large)

(Notary Seal)

My Commission expires: APRIL 26, 2006



B. Officers:

President: PATRICIA A. SHERMAN
Address: 73 SIMONTON CIRCLE
WESTON, FL 33326

Secretary: PATRICIA A. SHERMAN
Address: 73 SIMONTON CIRCLE
WESTON, FL 33326

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

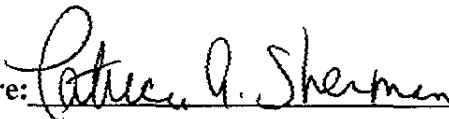
Name and Street address of Florida registered agent:

Name: PATRICIA A. SHERMAN
Office Address: 73 SIMONTON CIRCLE
City: WESTON State: FL Zip: 33326

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature:

A handwritten signature in cursive script, reading "Patricia A. Sherman", written over a horizontal line.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICER

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: SHERMAN, INC.
2. The name and address of the registered agent and office is:
- 3.

PATRICIA A. SHERMAN

(Name)

73 SIMONTON CIRCLE

(P.O. Box NOT Acceptable)

WESTON, FL 33326

(City/State/Zip)

Signature: Patricia A. Sherman

Title: PRESIDENT

Date: January 2, 2003

Having been named as registered agent and to accept service of process for the above state 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: Patricia A. Sherman

Date: January 2, 2003

REGISTERED AGENT FILING FEE: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN 28 PM 2:00

FILED