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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : 120000000238

Phone:

: (305)591-9448

Fax Number

: (954)753-3447

FLORIDA PROFIT CORPORATION OR P.A.

AARON & CHRISTOPHER CABLE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	91
Estimated Charge	\$78.75

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FAX AUDIT#(((103000 256 77 2 9)))

AKTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be: | borrow + Christopher CABLE, INC.

The principal place of business of this corporation shall be:

Garon Crons 710 Executive Ct. In West Polm Box F1 33301

ARTICLE II NATURE OF BUSINES

This corporation may engage in any husiness permitted under the laws of the United State, the State of Florida, or any other State, Country, Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this — corporation is authorized to have outstanding at any one time is: 1000.

FAX AUDIT#: (((HO 300 025647769)))

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(cs) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are):

whom resides

Mest Polin Boh F 1 33301

ARTICLE VI INCORPORATORIS

The names(s) and street address(es) of the incorporator(s) to these

articles of incorpgration is (arc):

whom

resides at

at Haron Erans to De 710 Executive Ctr De West John Boch F1 33301

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 10 day of 400 US 1 2003.

Signature(s) of Incorporator(s)

AARONEVANS President/Incorporator

FAX AUDIT#: (((

FAX AUDIT#(((403000 2564 7 25

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

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 COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: Mator Edward

Date: 2-18-03

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