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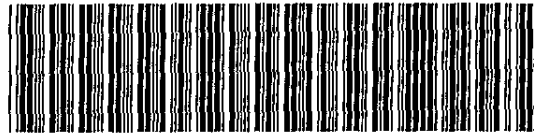
(Business Entity Name)

(Document Number)

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04 JUN 26 PM 5:20
TIN PD
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2-4-04
WC

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
TALLAHASSEE, FL 32314

SUBJECT : BOB & JUDY ENTERPRISES, INC.

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND A CHECK FOR \$87.50.

PLEASE INCORPORATE THE COMPANY.

THANKS YOU FOR YOUR ASSISTANCE.

FROM :

ROBERT McELFRESH
11274 SW 12TH COURT
DAVIE, FL 33325

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 26 PM 5:20

ARTICLES OF INCORPORATION
OF
BOB & JUDY ENTERPRISES, INC.

THE UNDERSIGNED ACTING AS THE INCORPORATOR OF A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATIONS ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I
NAME

THE NAME OF THE CORPORATION SHALL BE :

BOB & JUDY ENTERPRISES, INC.

ARTICLE II
PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS IS :
11274 SW 12TH COURT
DAVIE, FL 33325

THE MAILING ADDRESS IS :
11274 SW 12TH COURT
DAVIE, FL 33325

ARTICLE III
PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS :

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA.

ARTICLE IV
SHARES

THE NUMBER OF SHARES OF CAPITAL STOCK IS:

ONE THOUSAND (1000) SHARES OF COMMON STOCK HAVING A PAR VALUE OF ONE (\$1) EACH

ARTICLE V
INITIAL OFFICERS/DIRECTORS

THE NAME(S) AND ADDRESS(ES) :

ROBERT McELFRESH
DIRECTOR & PRESIDENT
11274 SW 12TH COURT
DAVIE, FL 33325

JUDITH McELFRESH
VICE PRESIDENT
11274 SW 12TH COURT
DAVIE, FL 33325

ARTICLE VI
REGISTERED AGENT

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS :

ROBERT McELFRESH
11274 SW 12TH COURT
DAVIE , FL 33325

ARTICLE VII
INCORPORATOR

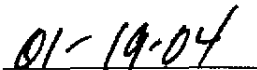
THE NAME AND ADDRESS OF THE INCORPORATOR IS :

ROBERT McELFRESH
11274 SW 12TH COURT
DAVIE FL 33325

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



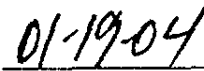
SIGNATURE / REGISTERED AGENT



DATE



SIGNATURE / INCORPORATOR



DATE