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LAZARUS

CORPORATION

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Florida Department of State
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FLORIDA PROFIT CORPORATION OR P.A.

AMLYN, INC.

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

AMLYN, INC.

ARTICLE II - PRINCIPAL OFFICE

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

17401 S.W. 84th Court
Miami, Florida 33157

ARTICLE III - SHARES

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

100 shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cynthia A. Hall
17401 S.W. 84th Court
Miami, Florida 33157

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Cynthia A. Hall
17401 S.W. 84th Court
Miami, Florida 33157

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ARTICLE VI - DIRECTORS

The name and street address of the directors to these Articles of Incorporation is:

Cynthia A. Hall
17401 S.W. 84th Court
Miami, Florida 33157

Thomas A. Hall
17401 S.W. 84th Court
Miami, Florida 33157

The undersigned incorporator has executed these Articles of Incorporation this 26 day of
February, 2004.


Signature

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: AMLXN, INC.
2. The name and address of the registered agent and office is:

Cynthia A. Hall
17401 S.W. 84th Court
Miami, Florida 33157

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.

SIGNATURE

Cynthia A. Hall

DATE

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