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Division of Corporations

Fax Number : (850) 205-0361

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 Phone : (561)842-3000 Fax Number : (561)842-3626

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FLORIDA PROFIT CORPORATION OR P.A.

WINGS OF PORT ST. LUCIE, INC.

Certificate of Status	1
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ARTICLES OF INCORPORATION OF WINGS OF PORT ST. LUCIE, INC.

THE UNDERSIGNED, acting as incorporator of a Corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for such Corporation:

ARTICLE I - NAME

The name of this Corporation is: Wings of Port St. Lucie, Inc.

ARTICLE II - DURATION

The duration of this Corporation is perpetual.

ARTICLE III - PURPOSE

The purpose for which this Corporation is organized is to engage in any lawful act or activities for which corporations may be organized under the laws of the State of Florida.

ARTICLE IV - MAILING ADDRESS OF CORPORATION

The mailing address of the business is 8391 Ironhorse Court, West Palm Beach, Florida 33412 and the principal place of business of this Corporation is 8391 Ironhorse Court, West Palm Beach, Florida 33412.

ARTICLE V - STOCK

The aggregate number of shares which this Corporation shall have authority to issue is 10,000 shares of common voting stock.

Prepared by: Michael J Posner

4420 Beacon Circle

West Palm Beach, Florida 33407

Bar No: 525685 Phone: 561/842-3000

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ARTICLE VI - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of this Corporation's initial registered office in Florida is 4420 Beacon Circle, West Palm Beach, Florida 33407 and the name of its initial registered agent at that address is Michael J Posner, Esq.

ARTICLE VII - INCORPORATOR The name and address of the incorporator is: Address Name Michael J Posner 4420 Beacon Circle, West Palm Beach, Florida 33407 DATED this 11th day of June, 2004. el l'Posner . Incorporator STATE OF FLORIDA; COUNTY OF PALM BEACH I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Michael J Posner, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same for the purposes therein expressed. WITNESS my hand and official seal in the County and State last aforesaid this day of June, 2004. Notary Public State of Florida at Large My Commission Expires:

Prepared by: Michael J Posner

4420 Beacon Circle

West Palm Beach, Florida 33407

Bar No: 525685 Phone: 561/842-3000

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

ACKNOWLEDGMENT:

Having been named to accept service of process for Wings of Port St. Lucie, Inc., at the initial registered office of the Corporation in this State designated in its Articles of Incorporation, I hereby accept to act in this capacity and agree to comply with the provisions of Section 607.0505 Florida Statutes.

Date: June 11, 2004.

Michael J Posner

SECRLTARY OF STATE DIVISION OF A JUN 11 PM 3: 24

Prepared by: Michael J Posner

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West Palm Beach, Florida 33407

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