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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORE. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
04 JUN 30 AM 10:20
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SAMMY'S DIVERSIFIED ENTERPRISES, INC.

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ARTICLES OF INCORPORATION
OF
SAMMY'S DIVERSIFIED ENTERPRISES, INC.

The undersigned, for the purpose of forming a corporation under the FLORIDA GENERAL CORPORATION ACT hereby adopts the following Articles of Incorporation:

ARTICLE ONE
NAME

The name of the corporation is: Sammy's Diversified Enterprises, Inc.

ARTICLE TWO
DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE
PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the laws of the STATE OF FLORIDA.

ARTICLE FOUR
CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 100 all of which shall be common shares with a par value of \$1.00

ARTICLE FIVE
REGISTERED OFFICE

The street address of the initial registered office of the corporation shall be:

1454 Indian Trails S
Palm Harbor, FL 34683

The name of the initial registered agent at such address is:

Samuel Ford
Samuel Ford

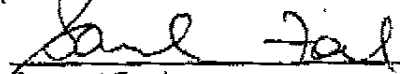
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ARTICLE SIX
REGISTERED AGENT ACCEPTANCE

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.


Samuel Ford

ARTICLE SEVEN
PRINCIPAL OFFICE

The principal office of the corporation shall be:

1454 Indian Trails S
Palm Harbor, FL 34683

ARTICLE EIGHT
PRE-EMPTIVE RIGHTS

The shareholders shall have pre-emptive rights.

ARTICLE NINE
DIRECTORS

The board of directors of the corporation shall consist of at least one member.
The name and address of the initial director of the board is:

NAME: Samuel Ford

ADDRESS: 1454 Indian Trails S
Palm Harbor, FL 34683

ARTICLE TEN
INCORPORATOR

The name and address of the incorporator is:

NAME: Samuel Ford

ADDRESS: 1454 Indian Trails S
Palm Harbor, FL 34683

In witness whereof, I have subscribed my name this 30th day of
JUNE, 2004

Samuel Ford
Name: Samuel Ford / Incorporator

STATE OF FLORIDA :
: SS
COUNTY OF PINELLAS :

On this 30th day of JUNE, 2004, before me, an officer
duly authorized in the State and County aforesaid to take acknowledgments,
personally appeared :

Samuel Ford
known by me personally or furnishing the following identification:
N/A to be the person whose name is
subscribed, to the within instrument and acknowledged that they executed the
same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand official seal.

Jerry Wicky
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:



JERRY WICKY
MY COMMISSION # 00 151083
EXPIRES: October 26, 2006
Behind The Budget Heavy Services