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Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

## SAMUEL LAWSON ENTERPRISES, INC.

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 10, 2004

FAS-T CORP. AGENTS, INC.

SUBJECT: SAMUEL LAWSON ENTERPRISES, INC.

REF: W84000030345

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#### ARTICLES OF INCORPORATION

OF

## SAMUEL LAWSON 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 I. NAME. The name of the corporation is, SAMUEL LAWSON ENTERPRISES, INC., located at 1970 N.W. 38th Terrace, Coconut Creek, FL 33066.

ARTICLE II. DURATION. The term of existence of the corporation is perpetual.

ARTICLE III. PURPOSE. The corporation may transact any and all lawful business for which corporation may be incorporated under the Florida General Corporation Act.

ARTICLE IV. CAPITAL STOCK. The aggregate number of shares which the corporation has authority to issue is 500, all of which shall be common shares of the par value of \$1.00 per.share.

ARTICLE V. REGISTERED OFFICE. The street address of the initial registered office of the corporation is, 1970 N.W. 36th Terrace, Coconut Creek, FL 33066, and the initial registered agent at such address is Samuel Lawson.

ARTICLE VI. DIRECTOR. The corporation shall have one director: initially. The number of directors may be increased from time to time by by-laws adopted by the stockholders, but shall never be less than one.

Prepared by: Sadkowski & Assoc. 500 N.E. Spanish River Blvd. #28A Boca Raton, FL 33431 561-368-1773

#### H04000163514 3

ARTICLE VII. INITIAL DIRECTOR. The name and post office address of the member of the first Board of Director is:

Samuel Lawson 1970 N.W. 38th Terrace Coconut Creek, FL 33066

IN WITNESS WHEREOF, I have subscribed my name this 9 day of August, 2004.

Samuel Lawson 1970 N.W. 38th Terrace Coconut Creek, FL 33066

STATE OF FLORIDA

COUNTY OF PALM BEACH.

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

NOTARY/ PUBLIC, STATE OF FLUKII

Expens J Sections at Mr Commission Difference

Expires December 05, 2005

### ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above stated corporation, at the office stated above. I hereby accept to act in the capacity of Registered Agent and agree to comply with the provisions relative to keeping said office open.

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