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Account Name : CORPDIRECT AGENTS, INC.

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01268-29815

FLORIDA PROFIT CORPORATION OR P.A.

SLAGTER ENTERPRISES INC.

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ARTICLES OF INCORPORATION

OF

Slagter Enterprises Inc.

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

ARTICLE | NAME

The name of the corporation shall be:

Slagter Enterprises Inc.

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JACLAHASSEE, FLORIGA

ARTICLE II PRINCIPAL OFFICE

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

120 W. Ocean Avenue Edgewater, FL 32132

ARTICLE IIL CAPITAL STOCK

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:

Corrdirect Agents, Inc. 103 N. Meridian St. Lower Level Tallahossee, FL 32301

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Belinda Schory 609 N. 2nd St., Ste. 500 Harrisburg, PA 17101

10th	day of	September	2004
		Roland	Dund
	,	Signatu	iua)
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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 corpora	tion is: Slagter Enterpris	es Inc.	
2.		of the registered agent and office is		0
	CorrDirect A	"!		04 SEP
	103 N. Merid	(NAME) an St., Lower Level	HASSE	E = 5
	(P.O.	BOX NOT ACCEPTABLE)	mg :	
	Tollahassee,	FL 32301	() () () () () () () () () ()	<u>.</u>
	`	(CITY/STATE/ZIP)	3-6	20

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

DATE PP-CITT

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