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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516) 935-3940

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FLORIDA PROFIT CORPORATION OR P.A.

Lucard Enterprises, Inc.

Certificate of Status	1.
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J. Shivers MAY 10 2005

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ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

Lucard Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

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

Lucard Enterprises Inc. 9507 West McNab Road Tamarac, FL 33321 OSTAY -9 ANIO 45

ARTICLE III SHARES

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

100 Shares at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Aaron D. Strain 9507 West McNab Road

Tamarac, FL 33321

Prepared By:

<u>Sruce B. Hubbard</u>

77 East John St.
-licksville, New York 11801
1-518-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

Agron D. Strain - President 9507 West McNab Road Tamarac, FL 33321

ARTICLES VI INCORPORATOR(\$)

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

Aaron D. Strain 9507 West McNab Road Tamarac, FL 33321

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6th day of May 2005

Aaron D. Strain - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Lucard Enterprises Inc.	
2. The name and address of the regis	tered agent and office is:	, yishor 05 H
	Aaron D. Strain	美 學
	Name	
	9507 West McNab Road	- 豆蔻
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Tamarac, FL 33321 (City / State / Zip)	- -

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Aaron D. Strain SIGNATURE May 6, 2005

(Date)