

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : STANLEY A. GOLDSMITH, ATTORNEY AT LAW
Account Number : 120000000069
Phone : (941) 955-4990
Fax Number : (941) 955-4997

FLORIDA PROFIT/NON PROFIT CORPORATION

SKY PHOENIX, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of

SKY PHOENIX, INC.

FIRST:

The name of the Corporation shall be SKY PHOENIX, INC., The principal mailing address of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the Corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The Corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The Registered Agent for the Corporation shall be:

STANLEY A. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

SIXTH:

To the Incorporator of SKY PHOENIX, INC.:

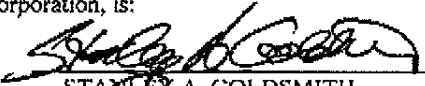
I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

4/11/06
Date


Stanley A. Goldsmith

SEVENTH:

The Incorporator of SKY PHOENIX, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:


STANLEY A. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

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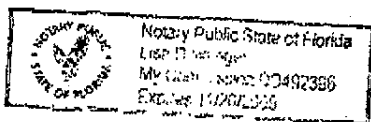
EIGHTH

The initial Board of Directors of the Corporation shall consist of ONE (1) member:

GEORGE I. SIEWIERSKI
7336 Curlew Road
Sarasota, Florida 34241

STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of SKY PHOENIX, INC., were acknowledged before me this 11th day of April 2006, by STANLEY A. GOLDSMITH as Incorporator and Registered Agent. He is personally known to me or has produced _____ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



Lisa D. Wenger
Signature of Notary Public
Lisa D. Wenger
Print Name of Notary Public
I am a Notary Public of the State of
FL, and my commission
expires on 11/20/09.

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