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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

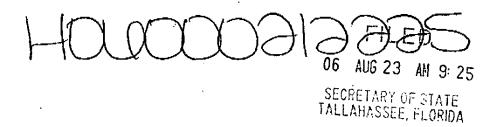
: (305)634-3694

Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

lbi investments, inc.

Certificate of Status	,	0	<u>-</u> -
Certified Copy		0	,
Page Count		03	
Estimated Charge	\$70.00		



ARTICLES OF INCORPORATION

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

ARTICLE! NAME

The name of the corporation shall be:

LBI Investments, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3851 NW 3 Terrace, Pompano Beach, FL 33064

ARTICLE III SHARES

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

Ten Thousand (10,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Scott M. Bender, Esq., 7446 Royal Palm Blvd., Margate, FL 33063

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Wolf Richardson, 3851 NW 3 Terrace, Pompano Beach, FL 33064

ARTICLE VI OFFICERS AND DIRECTOR(S)

The initial directors (and officers, if applicable) of the corporation shall be:

Director/President: Wolf Richardson, 3851 NW 3 Terrace, Pompano Beach, FL 33064 Director/V.P.: Billy Jean Kelly-Sanchez, 3851 NW 3 Terrace, Pompano Beach, FL

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Signature of incorporator

Deta

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 of Registered Agent

Date

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