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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 : FAS-T CORP. AGENTS, INC.

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

FLORIDA PROFIT/NON PROFIT CORPORATION

SLIP STOPPERS USA, INC.

Certificate of Status	0
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION $\mathbf{Q}\mathbf{F}$

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

ARTICLE I NAME

The name of the corporation shall be:

Slip Stoppers USA, INC.

The principal place of business of this corporation shall be:

8621 Banyan Place Tamarac, FL 33321

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

> 9950 NW 52nd St. Sunrice, FLE 8621 Banyan Place Tamarac FL3

8621 Banyan Place Tamara, FL33 VICE PRESIDENT/TREASURER

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es)	of the incorporator(s) to this articles of
incorporation is(are):	• • • • • • • • • • • • • • • • • • • •

Ginger SMcCoy

Betty C. Thomas 8621 Banyan Place Lewis C. Thomas 8621 Banyan Place

9950 NW 52nd Street Sunrise, FL 33351

executed these Articles of Incorporation this

8621 Banyan Place Tamarac, FL 33321

Tamarac, FL 33321

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)

Signature(s) of Incorporator (s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

SLIP STO	OPPERS USA INC.		_
2. The name and address of the re	gistered agent and o	ffice is:	
Lewis (_ Thomas	,	
8621 B	anyan Place		
	ic, Florida 33321	•	
	Signature_	Lavis Chroner	
•	Title VP/TREAS	Date 11-22-00	<u>-</u>
HAVING BEEN NAMED T	O ACCEPT SERV	ICE OF PROCESS FO)R
THE ABOVE STATED CORPO	RATION, AT THE	PLACE DESIGNATE	Œ
		FREE TO ACT IN TH	
CAPACITY, AND I FU			
PROVISIONS OF ALL STAT		• • • • • • • • • •	
COMPLETE PERFORMANO		•	
DUTIES AND OBLIGA	ATIONS OF SECTI	•	
		STATUTE	S.
	Signature	Lauris C. Thomas	
•	Date	11-22-06	