

Mar 14 08 12:19

LOUIS N SCHOLNIK  
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) 617-6381

From:

Account Name : LOUIS N. SCHOLNIK, P.A.  
Account Number : I20010000132  
Phone : (954) 771-4790  
Fax Number : (954) 364-4351

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

137 WOOLBRIGHT, INC.

Certificate of Status	1
Certified Copy	1
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DIVISION OF CORPORATION

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**ARTICLES OF INCORPORATION  
OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**137 WOOLBRIGHT, INC.**

**ARTICLE I - NAME**

The name of this corporation is **137 WOOLBRIGHT, INC.** The principal office and mailing address of this corporation is: **137 Woolbright Road, Boynton Beach, FL 33435.**

**ARTICLE II - DURATION**

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

**ARTICLE III - PURPOSE**

This corporation is organized for the purpose of transacting any or all lawful business.

**ARTICLE IV - CAPITAL STOCK**

This corporation is authorized to issue 500 shares of \$1.00 par value common stock which shall be designated "Common Shares".

**ARTICLE V - PRE-EMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is **137 Woolbright Road, Boynton Beach, FL 33435**, and the name of the initial registered agent of this corporation at that address is **AMJAD HAMMAD**.

**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

This corporation shall have Two (2) Directors constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the By-Laws.

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The name and address of the initial Board of Directors of this corporation are:

Name

Address

Ola S. Abuzahra

137 Woolbright Road  
Boynton Beach, FL 33435

Amjad Hammad

137 Woolbright Road  
Boynton Beach, FL 33435

**ARTICLE VIII - INCORPORATORS**

The name and address of the person signing these Articles is:

Name

Address

Ola S. Abuzahra

137 Woolbright Road  
Boynton Beach, FL 33435.

**ARTICLE IX - INDEMNIFICATION**

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

**ARTICLE X - AMENDMENT**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 13 day of March, 2008.

Ola S. Abuzahra  
OLA S. ABUZHARA

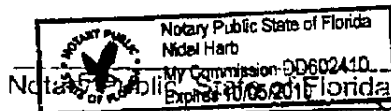
STATE OF FLORIDA  
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 13 day of March, 2008 by OLA S. ABUZHARA, who is personally known to me, or who has produced FL ID as identification, and who did take an oath.

D.L.

My Commission Expires:

10/05/10



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**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

**137 WOOLBRIGHT, INC.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

**137 WOOLBRIGHT, INC.**, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at City of **Boynton Beach**, County of **Palm Beach**, State of Florida, has named **AMJAD HAMMAD**, located at **137 Woolbright Road, Boynton Beach, FL 33435** as agent to accept service of process within the State.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office. Further, I am familiar with and accept the obligations provided for in Florida Statute 607.0505.

BY:   
**AMJAD HAMMAD**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**