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Requestor's Name P.B.R.

Address

City State ZIP Phone

VALIDATION ONLY

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CORPORATION(S) NAME

FINKEL management SERVICE CORP

(X) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

(X) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)

CERTIFIED COPY

EMPIRE Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

The name of the corporation is FINKEL MANAGEMENT Service Corp.

The period of its duration is perpetual.

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

The principal place of business of the corporation is

8898 NW 49 Dr. Coral Springs, Fl 33067

The corporation shall have authority to issue 100 shares, all of one class, 1 par value.

The address of its initial registered office is

8898 NW 49 Dr. Coral Springs, Fl 33067

and the name of its initial registered agent at said address is SAUL FINKEL

The number of directors constituting its initial board of directors is 1 whose name(s) and address(es) is(are)

Name	Address
SAUL FINKEL	8898 NW 49 Dr CORAL SPRINGS, FL 33067

The name(s) and address(es) of the incorporator(s) is(are):

Name	Address
SAUL FINKEL	8898 NW 49 Dr CORAL SPRINGS, FL 33067

Saul Finkel

Signature of Incorporators

Dated 12/21, 1994

STATE OF FLORIDA
COUNTY OF Broward

Before me, the undersigned authority, personally appeared Saul Finkel who is to me well known to be the person described in an who subscribes the above articles of incorporation, and he di agree, and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at _____ in said County and State this 21st day of December, 1994.

Deborah Lynn
Notary Public
STATE OF FLORIDA

My commission expires _____

OFFICIAL SEAL
DEBORAH LYNN
My Commission Expires
May 6, 1995
Comm. No. CC 102040

FILED

FEES: $122.50 Secty of State

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, the undersigned corporation organized under the laws of the state of Florida, submits the following statement to designate the registered office/registered agent, in the state of Florida..

1. The name of the corporation is: Finkel Management Corp.

2. The name and address of the registered agent and office is:

Saul Finkel
(Name)

5898 NW 49 Dr.
(P.O. Box Not Acceptable)

Coral Springs, Fl 33067
(City/State/Zip)

SIGNATURE [signature]
(Corporate Officer)

TITLE President

DATE 12/21/94

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 [signature]

DATE 12/21/94

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