P95000001930

TRANSMITTAL LETTER

Department of State					
Department of State Division of Corporation P. O. Box 6327 Taliahassee, FL 32314	EFFECT	IVE DATE 01-95			
SUBJECT: SAFARI O	STRICH, INC.	name - must include su	ffix)		
(ι	Toposou corporate	, 11g) 11 11 11 11 11 11 11	90 <u>0</u> -017	(05.735 + 10)	3 72 7869 1990~ 005
		:	+++	+131.25	*****131.25
Enclosed is an original for: \$70.00 Filing Fee	and one (1) cop \$78.75 Filing Fee & Certificate	oy of the articles of i \$122.50 Filing Fee & Certified Copy	x \$131.25 Filing Fee, Certified Copy & Certificate]
FROM:		: KENNEDY o (printed or typed)			
	<u>3575 L</u> AK	E MARY BLVD. Address		٠ (, S
		Y , FL 32746 City, State & Zip			
12/19	_(407)_321 Daytim	-2330 le Telephone number			

Please form this corporation effective January 1, 1995.

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

This corporation shall be formed as of 1/1/95.

ARTICLE I NAME

The name of the corporation shall be:

SAFARI OSTRICH, INC.

ARTICLE II PRINCIPAL OFFICE

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

5645 WEST LAKE MARY BLVD.

LAKE MARY, FL 32746

SHARES ARTICLE III

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

10,000 Shares of \$1.00 par value common stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Harold E. Kennedy c/o Kennedy & Blau, CPAs 3575 West Lake Mary Blvd. ste. 107 Lake Mary, FL 32746

/ INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation Is(are):

Harold E. Kennedy Kennedy & Blau, CPAs 3575 West Lake Mary Blvd. ste 107 Lake Mary, FL 32746

> Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

, the hai	me of the corporation is: SAFART OSTRICIT, INC.	
		· W
. The na	me and address of the registered agent and office is:	
	Harold E. Kennedy	
	(Name) c/o Kennedy & Blau, CPAs 3575 w Lake Mary Blvd.	.•
	5575 # Dake Mary Divd.	
	(P.O. Box not acceptable)	
		

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) 1495