CAPITAL CONNECTION, INC. 417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222 eign Corp. File () Cert. Copy(s) 01715<u>795--</u>01051--036 PHON Art. of Amend, File *****70.00 Dissolution/Withdrawal CUS-Service: Top Priority_ Regular. Fictitious Name File One Day Service Two Day Service Name Reservation To us via ___ Return via Annual Report/Reinstatement Reg. Agent Service Express Mail No. -Document Filing State Fee \$ ______ Corporate Kit _ Vehicle Search Orlving Record _ Document Retrieval __ UCC 1 or 3 File __ UCC 11 Search __ UCC 11 Retrieval ... File No.'s, ____Copies Courier Service _ Shipping/Handling _ Phone () _ Top Priority _ _ Express Mail Prep. _ _ FAX () pgs. SUBTOTALS . DISBURSED..... JAN 1 9 19951 BSB SURCHARGE..... REQUEST TAKEN **APPROVED** PREPAID..... DATE BALANCE DUE.....

WILL PICK UP 1-19 311

Please remit invoice number with payment

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from

Your Capital Connection

TERMS: NET 10 DAYS FROM INVOICE DATE

1 1/2% per month on Past Due Amounts

Past 30 Days, 18% per Annum,

FILED

95 JAN 19 PM 3: 29

SECRETARY OF STATE

ARTICLES OF INCORPORATION

oř.

HALF-WORLD MERCHANDISE, INC.

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

ARTICLE I. NAME

The name of the corporation shall be:

HALF-WORLD MERCHANDISE, INC.

The principal place of bisiness of this corporation shall be: 3461 HOLIDAY LAKES DRIVE, HOLIDAY, FLORIDA 34691. The mailing address of this corporation shall be: 3461 HOLIDAY LAKES DRIVE, HOLIDAY, FLORIDA 34691.

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

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have two directors and officers, initially. The names and street addresses of the initial directors and officers who shall hold office for the first year of the corporation's existence, or until their successors are elected or appointed are:

Gisele Cocchi Dias President

Lourde Cocchi Dias Vice President 3461 Holiday Lakes Drive Holiday, Florida 34691

3461 Holiday Lakes Drive Holiday, Florida 34691

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to this Articles of Incorporation is:

Gisele Cocchi Dias

3461 Holiday Lakes Drive Holiday, Florida 34691 IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 18th day of January 1995.

Signature of Incorporator

Incorporator

STATE OF FLORIDA

COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledged and sworn to before me this 18 day of THOUARY, 1995, by Gisele Cocchi Dias of HALF-WORLD MERCHANDISE, INC.

Notary Public

PETER MAKRIS
Notary Public, State of Florida
My Comm. Expires Apr. 7, 1986
No. CC 362583
Bonded Thru @fffired States decenter

My Commission Expires:

FILED

CERTIFICATE DESIGNATING

93 JAN 19 PH 3: 29

REGISTERED AGENT/REGISTERED OFFICE CRETARY OF STATE

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.

1. The name of the corporation is:

HALF-WORLD MERCHANDISE, INC.

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

Name: GISELE COCCHI DIAS

Address: 3461 HOLIDAY LAKES DRIVE

City: HOLIDAY

State: FLORIDA

Zip: 34691

SIGNATURE

TITLE:

PRESIDENT

DATE:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

DATE: