

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

**P9500006365**

RE : AL FRAGALE & ASSOCIATES, INC.

DEAR DEPARTMENT OF STATE:

800001385958  
-01/20/95--01089--018  
\*\*\*\$122.50 \*\*\*\$122.50

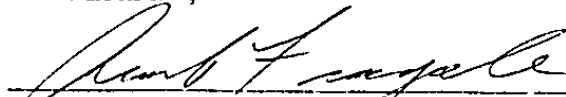
I ENCLOSE AN ORIGINAL AND ONE COPY OF THE ARTICLES OF  
INCORPORATION FOR THE ABOVE PROPOSED CORPORATION.

ALSO ENCLOSED IS A CHECK IN THE AMOUNT OF \$122.50 IN PAYMENT  
OF THE FOLLOWING FEES:

FILING FEE.....\$70.00  
  
CERTIFICATION OF ONE COPY.....\$52.50  
DESIGNATION OF REGISTERED AGENT  
  
TOTAL.....\$122.50

PLEASE FILE THE ORIGINAL ARTICLES OF INCORPORATION AND RETURN  
THE CERTIFIED COPY TO ME AT THE ADDRESS PROVIDED. I MAY BE CONTACTED  
DURING NORMAL BUSINESS HOURS AT : 407-877-0400.

SINCERELY,



ARMANDO FRAGALE, INCORPORATOR

REC'D - JAN 23 1995

ARTICLES OF INCORPORATION  
OF  
AL FRAGLE & ASSOCIATES, INC.

- 1) THE NAME OF THE CORPORATION IS :  
AL FRAGLE & ASSOCIATES, INC.
  - 2) THE DURATION OF THE CORPORATION SHALL BE PERPETUAL.
  - 3) THE GENERAL PURPOSES FOR WHICH THIS CORPORATION IS BEING FORMED ARE TO INCLUDE THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA.
  - 4) THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE AUTHORITY TO ISSUE IS ONE THOUSAND ( 1000 ) COMMON SHARES WITHOUT PAR VALUE.
  - 5) THE REGISTERED AGENT AND THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE CORPORATION IN THE STATE OF FLORIDA IS:  
NAME: ARMANDO FRAGLE ADDRESS: 992 GLENVIEW CIR.  
WINTER GARDEN, FL. 34787
- THIS ADDRESS IS ALSO THE PRINCIPAL OFFICE AND MAILING ADDRESS:

(6) THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS 1 AND THE NAME AND ADDRESS OF EACH PERSON WHO IS TO SERVE AS A MEMBER THEREOF IS AS FOLLOWS:

NAME: ARMANDO FRAGALE ADDRESS: 292 GLENVIEW CIR.  
WINTER GARDEN, FL. 34787

7) THE NAME AND ADDRESS OF THE SOLE INCORPORATOR IS :

NAME: ARMANDO FRAGALE ADDRESS: 292 GLENVIEW CIR.  
WINTER GARDEN, FL. 34787

IN WITNESS WHEREOF, THE UNDERSIGNED, AS SOLE INCORPORATOR OF THIS CORPORATION HAS EXECUTED THESE ARTICLES OF INCORPORATION.

DATED: 1-17-95

  
ARMANDO FRAGALE

STATE OF FLORIDA

COUNTY OF ORANGE

I, HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, A NOTARY PUBLIC AUTHORIZED IN THE STATE AND COUNTY NAMED ABOVE TO TAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED: Armando Fragale, TO ME KNOWN TO BE THE PERSON DESCRIBED AS THE SUBSCRIBER IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND ACKNOWLEDGED BEFORE ME THAT HE SUBSCRIBED TO THESE ARTICLES OF INCORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE NAMED ABOVE THIS 17 DAY OF January, 1995.

SEAL:



JOHN E. PARNETT  
My Commission CC305897  
Expires Apr. 20, 1998  
Bonded by HAI  
800-422-1555

[Signature]  
NOTARY PUBLIC - STATE OF FLORIDA

MY COMMISSION EXPIRES: 4/20/98

PERSONALLY KNOWN: \_\_\_\_\_ (OR) PRODUCED IDENTIFICATION: ✓

TYPE OF IDENTIFICATION PRODUCED: Driver Lic: F624-000-32-388-6

I, THE UNDERSIGNED, HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT OF THE ABOVE NOTED CORPORATION. I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF, SECTION 607.325 OF THE FLORIDA STATUTES.

[Signature]  
REGISTERED AGENT