### VAL 95 MAR 18 D . 0 N Address N L Y CITY Biata 000001429960 -03/15/95--01042--002 \*\*\*\*122.50 \*\*\*\*122.50 CORPORATION(S) NAME Toll Free: 1-800-432-3028 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 Walt (X) Pick Up ( ) Majl Out Ü Name Availability 號 15 日 2: Document Exeminer Undater Verifier Acknowledgment

CR2E031 (R8-85)

W.P. Varifier

## ARTICLES OF INCORPORATION

95 HAR 15 PH 12: 17

	of	SECRETARY OF STATE TALLAHASSEE FLORIDA		
DELTH Equities	CoxP.			
	name of corporation)			
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.				
ARTICL The name of the corporation is:	.E I - CORPORATE NAME			
DeLta Equities Uni	P			
ART	TICLE II - DURATION			
This corporation shall exist perpetually unless disso	lved according to Florida law.			
ART	TICLE III - PURPOSE			
The corporation is organized for the purpose of enga United States and the State of Florida.	aging in any activities or busin	ess permitted under the laws of the		
The corporation is authorized to issue 100,000 Dollar(s) (\$) par value Common S	500 shares (	due & 11). Him ) or No Pag  ed "Common Shares".		
ARTICLE V - INITIA	L REGISTERED OFFICE ANI	D AGENT		
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:				
NAME Charles A. Schene	KMAN			
ADDRESS 5741 N.E. 1875				
city Calilland Parks	FLORIDA	zip 33334		
The principal office, if known, or the mailing address	ss of the corporation is:			
	s 602P.			
ADDRESS 5741 N.E. 1875	AU Suite			
CITY CARLANG PARELS	FLORIDA	zip33334		

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have (	) directors initially. The numbe s, but shall never be less than one (	
NAME Charles A. Johanes	em pw	
ADDRESS 5741 N.E. 18th AV.	5 mg	
CITY (Ale) RNd PARLZ	STATE FL	z11733334
NAME BRIAN OSTRANCER		
ADDRESS 805 PRIZE Oals		
CITY CEGAR PARK	STATE TX	ZIP 78413
NAME		
ADDRESS		
CITY	STATE	ZIP
The names and addresses of the incorporators signing the		ollows:
NAME CLINELES A. Tochewern	180	
4	i whe l	
CITY DAKLAND PARIZ	STATE 子し	z1P33334-
NAME		
ADDRESS		
CITY	STATE	ZiP
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriber(s) day of WIAR, 19 9	have executed these Articles of Inc	corporation this 1346 (Seal) (Seal)

FILED

# CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

95 HAR 15 PM 12: 17 SECRETARY OF STATE TALLAHASSEE FLORIDA

CERTIFICATE OF REGISTERED AGENT
OF

DELTA	Equities	CORP.
	(name o	(corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 5741 N.E. 18th AV Suite 1
OAKLAND PARK, FL 33334
has named (Ihardes A. Scheuerman
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

#### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(required agent)