MARCH 13, 1995

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

SUBJECT: CHAPPAREL ENTERPRISES, INC.

PLEASE FIND ENCLOSED AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$122.50 FOR A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION.

FROM:BILL KNAPP
6626 ORCHID LAKE ROAD
NEW PORT RICHEY, FL 34653-1111
813-845-5439

ARTICLES OF INCORPORATION

ARTICLE ONE - NAME

AREA SHARE SHARE SO THE NAME OF THE CORPORATION SHALL BE: CHAPPAREL ENTERPRISES, INC.

ARTICLE TWO - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE: 6626 ORCHID LAKE ROAD, NEW PORT RICHEY, FL

ARTICLE THREE - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 WITH A PAR VALUE OF \$1.00 PER

ARTICLE FIVE - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS: BILL KNAPP, 6626 ORCHID LAKE ROAD, NEW PORT RICHEY, FL 34653.

ARTICLE SIX - INCORPORATOR(S)

THE NAME(S) AND ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE): BILL KNAPP, 6626 ORCHID LAKE ROAD, NEW PORT RICHEY, FL 34653.

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 13 DAY OF march, 19 95.

Bill Kron

CERTIFICATE OF DESIGNATION 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.

- 1. THE NAME OF THE CORPORATION IS: CHAPPAREL ENTERPRISES, INC.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS: BILL KNAPP, 6626 ORCHID LAKE ROAD, NEW PORT RICHEY, FL 34653.

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: Bill Knus

DATE: 3-13-95