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PUBLIC ACCESS SYSTEM

(((H95000003250))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: ACE INDUSTRIES, INC.
54 NW 11TH ST

MIAMI FL 33136-289002-
CONTACT: LYNN FRIEDMAN
PHONE: (305) 358-2571
FAX: (305) 358-7832

(((H95000003250))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: BARON CAPITAL VI, INC.

FAX AUDIT NUMBER: H95000003250
DATE REQUESTED: 03/21/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 2
ESTIMATED CHARGE: $122.50

CURRENT STATUS: REQUESTED
TIME REQUESTED: 15:39:04
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 070744001530

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(((H95000003250)))

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3/21

H95-03250

FILED
95 MAR 21 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
BARON CAPITAL VI, INC.

ARTICLE I
NAME

The name of the Corporation is BARON CAPITAL VI, INC.

ARTICLE II
DURATION

This Corporation shall commence its existence upon the filing of these Articles of Incorporation and shall continue perpetually thereafter.

ARTICLE III
PURPOSE

This Corporation is organized for the purpose of transacting any and all lawful business under the laws of the State of Florida.

ARTICLE IV
PRINCIPAL OFFICE

The principal office of the corporation is: 28050 US 19 North, Suite 301, Clearwater, Florida 34621.

ARTICLE V
MAILING ADDRESS

The mailing address of the corporation is: 28050 US 19 North, Suite 301, Clearwater, Florida 34621.

ARTICLE VI

CAPITAL STOCK

This Corporation is authorized to issue One Thousand (1,000) shares of One Dollar ($1.00) per value common stock, which shall be designated "Common Shares."

H95-03250
ACE INDUSTRIES, INC.
84 NW 11th Street
Miami, FL 33136

H95-03250

ARTICLE VII
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Office of this Corporation is 28050 US 19 North, Suite 301, Clearwater, Florida 34615 and the name of the initial Registered Agent of this Corporation at that address is Gregory K. McGrath.

ARTICLE VIII
INCORPORATOR

The name and address of the person signing these Articles is:

Name	Address
Gregory K. McGrath	28050 US 19 North, Suite 301 Clearwater, Florida 34615

ARTICLE IX
POWERS

This corporation shall have all of the corporate powers enumerated in the Florida Business Corporations Act.

ARTICLE X
AMENDMENT

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment to them, and any rights conferred upon the shareholders are subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 17th day of March, 1995.

Gregory K. McGrath

H95-03250

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STATE OF FLORIDA :
: ss:
COUNTY OF DADE :

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, Gregory K. McGrath, who did not take an oath but who is personally known to me and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he signed and executed the same for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami, Dade, Florida, this 17th day of March, 1995.

DECEMBER L. BURNS
NOTARY PUBLIC, State of Florida

My Commission Expires:

OFFICIAL NOTARY SEAL
DECEMBER L BURNS
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC190948
MY COMMISSION EXP. MAR. 21,1998

H95-03250

H95-03250

**CERTIFICATE DESIGNATING REGISTERED OFFICE
FOR SERVICE OF PROCESS
WITHIN THE STATE OF FLORIDA, NAMING REGISTERED AGENT
UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTIONS 607.0501 AND 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

THAT BARON CAPITAL V, INC. DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, HAS NAMED, GREGORY K. MCGRATH, LOCATED AT 28050 US 19 NORTH, SUITE 301, CLEARWATER, FLORIDA 34615 ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA.

Gregory K McGrath

GREGORY K. MCGRATH

President

TITLE

3/17/95

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 THE CAPACITY OF REGISTERED AGENT, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

Gregory K McGrath

GREGORY K. MCGRATH

H95-03250

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STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Baron Capital VI, Inc. EIN or SS#: 59-3305416

Address: 7826 Cooper Road *

Cincinnati, OH 45242 * NEW Address

Amount: $558.75 Date Paid _____

Reason for claim: Duplicate filing - P95000022927

SPT 9/26/97

Certified true and correct this 1st *day of* October, *19* 97.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund $* 558.75

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. [illegible] *dated* 09-19-97

Name of Account _____

4520213000145300000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

4520213000145300000000022002000

Certified true and correct this _____ *day of* _____, *19* ____

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)

CR1E060(6/95)