

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	95 / SECRI
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	PR ELASY HASSE
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CONTACT PERSON: Debbie Skipper EXAMINER'S INITIALS:	26 PA

SECRETARY OF TATE

ARTICLES OF INCORPORATION

OF

MAREK TECHNOLOGIES, INC.

The undersigned incorporator horoby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be: MAREK TECHNOLOGIES, INC.

The addres of the principal office of this corporation shall be 3200 Northeast 14th Street Causeway, Pompano Beach, Florida 33062, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in 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

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 8,000,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

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

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on April 11, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Jack Alectic
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED TO SALE TO SALE TO ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Jack Shelby

GLS/dks

DI EACE DEA	ND ALL INSTE	RUCTIONS BEFORE CO	OMPLETIN	IG THIS FORM.		
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REINSTATEMENT			AR OCT ?	21 AM 8:21		
DOCUMENT # 1950000	128484		SECTION.	ARY OF STATE SSEE, FLORIDA		
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If above addresses are incorrect in any way.			Data Incorpor	protect or Qualified 4-12-95		
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8, Name and Address of	Current Registered Ag	igent Name	9. Name and	Address of New Registered Agent		
Corporation Service Co	=	1	(P.O. Box Number	r is Not Acceptable)		
1201 Hays Street Tallahassee, FL 32301		Street Address Suite. Apt. #. E	Street Address (P.O. Box Number is Not Acceptable)			
tarranassee, el 32301					Code	
		City	Y obligations at 5	FL		
10. I, being appointed the registered agent	of the above named co	progration, am familiar with and accept th	Jonganons of Se	X Date 10.10.96		
Signature of Agen Agen	HEGISTARED	AGENT MUST SIGN Karen B.	Rozar, As	Agent	(See other side	
11. If this corporation is a	non-profit witl	h I.R.S. 501(c)(3) tax exc	_	s, check this box ack	scitional informat	
12. Does this corporation Dept. of Revenue uni 13. Ide hereby certify that the information leave the Division of Corporations from	n pay any inta der S. 199.03	Ingipie tax to the 12, Florida Statutes. Ye	es No	ption stated in Section 119.07(3)(k). Formation supplied is deemed exempt fr	fonda Statules.	
13 I do hereby certify that the information	n supplied with the inity	impliance with Section 119.07(3)(k) in the se empowered to execute this application been eliminated, the corporate name sa- tion indicated on this application is true a	atisties the requirement and accurate, and r	my signature shall have the same leg	gal effect as it n	
signature:	THED COMMITTED NAME	Alexander M. Br	radbury, P	resident 9/4/96 (954	4 1946-30 • Phone #	
TOTAL WITCH	TPED OF PHINTED NAME	OF THE PERSON OF				

Form **SS-4**

Application for Employer Identification Number

December 1993)	(For use by employers, o government agencies	orporations, i , certain indiv	iduals, and oil	ere. See instruc	tions.)	Eaper	tio 1849-0 en 12-31-96	
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