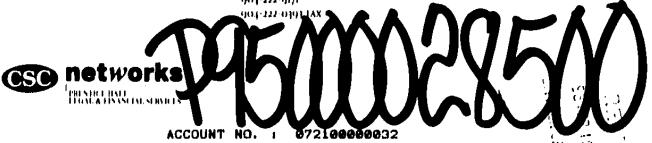
1201 HAYS STREET TACTABIASSEE, 11, 12101 904-222-9171

800-141-8086



REFERENCE: 573960

150762A

AUTHORIZATION :

Patricia. Pyrit

COST LIMIT : # 70

ORDER DATE : April 7, 1995

ORDER TIME: 9:52 AM

ORDER NO. : 573960

-600001451896

CUSTOMER NO:

150762A

CUSTOMER: Mr. Scot Laing

MR. SCOT LAING

10 Fairway Drive, #213

Deerfield Beach, FL 33441

DOMESTIC FILING

NAME:

<u>x</u>	ARTICLES OF	INCORPORATION		
	CERTIFICATE	OF	LIMITED	PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

T. BROWN APR 1 1 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 10, 1995

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: SALCC, INC.

Ref. Number: W95000007688

We have received your document for SALCC, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown Corporate Specialist

Letter Number: 195A00016266

ARTICLES OF INCORPORATION

SECRETARIA PH 2:49
PALLAMASSEE, PESSION

OF

011812 , INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE | NAME

The name of the corporation shall be:

00812, INC.

ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SCOT LAING 5501 NW 51 AVENUE (OCONUT (REEK, FL 33073

ARTICLE V INCORPORATORIES

The nemu(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SCOT LAING 5501 NW 51 AVENUE COLONUT (REEK, FL 33073

The undersigned incorporator(s) has(heve) executed these Articles of Incorporation this

4th day of APRIL 1995

Signature

Signeture

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the state of Fiorida, submits the following statement in designating the registered office/registered agant, in the state of Fiorida.

The name of the corporation is: 00812 , INC.	
The name and address of the registered agent and office is:	THE STATE OF THE S
Scot LAING	
SSOI NW SI AVENUE	
(P.O. Box NOI ecceptable)	
(KONOT (REEK, FL 33073	
(City/State/Zip)	
VING heen nemed as registered egent and to eccent earlice	of process for the show
ited corporation at the piece designated in this certificate, I hereb	y accept the appointment
registered agent and agree to act in this capacity. I further Misions of all statutes relating to the proper and complete perfo	agree to comply with the mance of my duties, and
n familiar with and accept the obligations of my position as rej	istered agent.
SIGNATURE	3
•	
	SCOT LAING (Name) SSOI NW SI AVENUE (P.O. Box NOI acceptable) (City/State/Zip) (City/State/Zip) Ving been named as registered egent and to accept service ted corporation at the piece designated in this certificate, I hereb registered egent and agree to act in this capacity. I further visions of all statutes relating to the proper and complete perio

REGISTERED AGENT FILING FEE: 435.00