P9500036910 TRANSMITTAL LETTER

| Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: | ABY BA | RG-AINS I | ETC. | FILED 195 IN -8 IN 3 17 SECRETARY OF STATE TALLAHASSEE, FLORID: | | |
|---|---|---|---|---|--|--|
| Enclosed is an origina for : \$70.00 Filing Fee | # \$78.75 Filing Fee & Certificate | \$122.50 Filing Fee & Certified Copy Additional Cop | \$131.25 Filing Fee, Certified Copy & Certificate | and a check | | |
| FROM: | DOROTHY C. BLICKENDER FER Name (printed or typed) | | | | | |
| | TALLA! City (904) 6 | MAHAN DR. Address IASSEE, FL. State & Zip 56-1387 Telephone number | ************************************* | NDD 1477413 5/9501076014 122.50 ****122.50 | | |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED

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SECRETARY OF STATE
TALLAHASSEE OF CRODI

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 I NAME

The name of the corporation shall be: BABY BARFAINS ETC. INC.

ARTICLE II PRINCIPAL OFFICE

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

400 CAPITAL CIRCLE, S.E. TALLAHASSEE, FL 32301

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 SHARES AT PAR VALUE OF ONE DULLOR (100) EACH OF SINFLE CLASS, ALL BUY- SELL-HOLD-TRANSFER-GIFT DISPOSITIONS MUST CONTORM TO I.R.S. TAX REQUIREMENTS FOR "J" CORPORATIONS.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DOROTHY C. BLICKENDERFER 6512 MAHAN DR. TALLAHASSEE, FL 32308

ARTICLE V INCORPORATOR(8)

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

PUROTHY C. BLICKLNDERFUR 6512 MAHAN DR. 7ACLAHASSFE, FL 32308

| The unde | rsigned incorporator(s) I | nas(have) execut | ed these Articles of Incorp | oration this |
|----------|---------------------------|---------------------------|---|--------------|
| | SYA day of | my | , 19 <u> 75 </u> | |
| _ | Dnorths C | 7. ISlikende Signature | i Lie | |
| - | / | Signature | | · |
| _ | | Signature | | _ |

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF 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: BABY BARRAINS E | rc, I | nc. | |
|---|--|-------------|--|
| 2. The name and address of the registered agent and office is: | | | |
| DOROTHY C. BLICKENDERFER | | | |
| (Name) 65/2 MHAN DR. (P.O. Box or Mail Drop Box NOT acceptable) | SECRE TALLAH | 沃 | |
| TALLAHAJSELF, FL 32308 (City/State/Zip) | IARY OF ST IASSEE, FLO | Y -8 -34 | |
| Having been named as registered agent and to accept service of process for above stated corporation at the place designated in this certificate, I hereby the appointment as registered agent and agree to act in this capacity. I furtion to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of registered agent. | The raccep accepted by the period of the per | t ee | |
| Nrinky C. Blickenderfü 5/3/95- (Signature) (Date) | <u></u> | | |