00058371 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

#####78,75 *####78,75

| SUBJECT: (Proposed corporate name - must include suffix) | | | | | |
|--|---------------|----------------|---|-------------|--|
| Enclosed is an originator: \$70.00 Filing Fee | | | \$131.25 Filing Fee, Certified Copy & Certificate | ind a check | |
| FROM: ECISCOT MIETERT Name (printed or typed) | | | | | |
| 900 NE 19511 STR #407 Address | | | | | |
| City, State & Zip | | | | | |
| (305) 932-0601/653 3544 PEG 95 Daytime Telephone number | | | | | |
| | · 8 .1 | PEGNETER JUL 2 | 8 19 95 ! | ANII: 01 | |

E-D-N MANNICEMENT CORP

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

ARTICLES OF INCORPORATION

SECRETARY OF STATE

SECRUTARY OF STATE
THE undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business A
Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

E-D-N MANNOEMENT CORP

ARTICLE II PRINCIPAL OFFICE

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

SCO NE 195 W STR # 407 N MINAM BEACH, FL 33179

ARTICLE III SHARES

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

5000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ECKARDT NIETERI 900 NE 1954 STR #404

N MAKY BEACH, FL 32179

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ECKLROT MIETERT + DIMIELA MIETERT 900 NE 1954 STR #401 N MAITI BENCH, FL 33179

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

95 JUL 27 AMIJ: 01

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDATS ATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED RIDA OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is: | E.D.N MANAGEMENT CORP |
|-------------------------------------|-------------------------------------|
| 2. The name and address of the regi | stered agent and office is: |
| ECKL | RDT NIETIRT (NAME) |
| GCO NO P.O. B | OX OT Mail Drop Box NOT ACCEPTABLE) |
| N M | (TY/STATERD) 12 33179 |

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) (DATE)