

9960000001232

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

96 JAN -5 AM 9:26

W96-265

AL JAN - 5 1995

RE: One Price Concepts, Inc

| | C.C. FEE. | DISBURSED |
|---|-----------------------|-----------|
| <input type="checkbox"/> Capital Express™ | | |
| <input checked="" type="checkbox"/> Art. of Inc. File | | |
| <input type="checkbox"/> Corp. Record Search | | |
| <input type="checkbox"/> Ltd. Partnership File | | |
| <input type="checkbox"/> Foreign Corp. File | | |
| <input checked="" type="checkbox"/> () Cert. Copy(s) | | |
| <input type="checkbox"/> Art. of Amend. File | | |
| <input type="checkbox"/> Dissolution/Withdrawal | | |
| <input type="checkbox"/> C U S- | 500001678405 | |
| <input type="checkbox"/> Fictitious Name File | -01/04/96--01068--001 | |
| | ****122.50 ****122.50 | |
| <input type="checkbox"/> Name Reservation | | |
| <input type="checkbox"/> Annual Report/Reinstatement | | |
| <input type="checkbox"/> Reg. Agent Service | | |
| <input type="checkbox"/> Document Filing | | |
| <input type="checkbox"/> Corporate Kit | | |
| <input type="checkbox"/> Vehicle Search | | |
| <input type="checkbox"/> Driving Record | | |
| <input type="checkbox"/> Document Retrieval | | |
| <input type="checkbox"/> UCC 1 or 3 File | | |
| <input type="checkbox"/> UCC 11 Search | | |
| <input type="checkbox"/> UCC 11 Retrieval | | |
| <input type="checkbox"/> File No.'s, _____ Copies | | |
| <input type="checkbox"/> Courier Service | | |
| <input type="checkbox"/> Shipping/Handling | | |
| <input type="checkbox"/> Phone () | | |
| <input type="checkbox"/> Top Priority | | |
| <input type="checkbox"/> Express Mail Prop. | | |
| <input type="checkbox"/> FAX () pgs. | | |
| SUBTOTALS | | |

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE 1/4/96
 TIME 11:00 CK No. _____
 BY CD

WALK-IN
 Will Pick Up _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 4, 1996

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: ONE PRICE CONCEPTS, INC.
Ref. Number: W96000000265

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

It appears that your filing was not intended for the Florida Secretary of State.

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) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 996A00000476

Corrected

DIVISION OF CORPORATIONS
JAN 8 4 47 PM '96

ARTICLES OF INCORPORATION
OF

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DIVISION OF CORPORATIONS
96 JAN -5 AM 9:26

One Price Concepts, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **One Price Concepts, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 8209 N. Pine Island Road, Suite 171, Tamarac, Florida 33321.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Laurie B. Cohen, Esq., 790 East Broward Blvd., Suite 200, Ft. Lauderdale, Florida 33301.

ARTICLE V: INCORPORATOR


The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Selma Rosenblatt, 9400 NW 81st Court, Tamarac, Florida 33321.

The undersigned has executed these Articles of Incorporation this 5th day of January 1996.

"Capital Connection, Inc. by Kim Crosson, Client Representative"

_____

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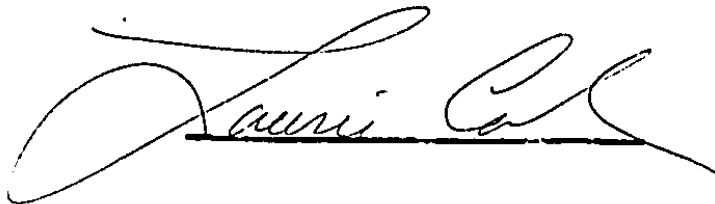
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE 96 JAN -5 AM 9:26

Pursuant to the provisions of section 607.0301, Florida Statutes, the mentioned 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: ONE Price
Concepts, INC.

2. The name and street address of the registered agent and office is: LAURIE B. Cohen, ESQ.
790 East Broward Blvd, Suite 200
Ft. Lauderdale, Fl. 33301

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.


Laurie B. Cohen

P96000001232

Joseph L. Bernstein, P.A.

ATTORNEY AT LAW
COASTAL TOWER • SUITE 720
2400 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE • FLORIDA 33308

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input checked="" type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

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-06/20/97--01050--008
*****35.00 *****35.00

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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SECRETARY OF STATE
DIVISION OF CORPORATION
97 JUN 20 PM 3:10
JUN 24 1997

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: One Price Concepts, Inc.

1b. The mailing address of the corporation is : 10108 N.W. 53rd Street
Sunrise, Florida 33351


1c. Date of incorporation: January 5, 1996 Document number: P96000001232

2. The name and address of the current registered agent and office:
Laurie B. Cohen, Esquire
790 E. Broward Boulevard, Suite #200
Fort Lauderdale, Florida 33301

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Joseph L. Bernstein, P.A.
2400 E. Commercial Boulevard, Suite #720
Fort Lauderdale, Florida 33308

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

 6/13/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

Selma Rosenblatt, Director

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

6/18/97
(Date)

If signing on behalf of an entity:

Joseph L. Bernstein P.A.

(Typed or Printed Name)

(Capacity)

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

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STATE
SECRETARY OF
DIVISION OF CORPORATIONS
97 JUN 20 PM 3:10