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

SUBJECT: \_\_

PHRÖGEONES, INC.

900001752819 -03/21/96--01067--005 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an ori for : \$70.00 Filing Fee	iginal and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Cartified Copy & Cartificate	-1	
FRO		MITCHELL (printed or typed)		95 HAR 28 SECRETAIN SECRETAIN SECRETAIN	FIL
	644 WOOD	DGATE CIRCLE			rn.
Address					
	SUNRISE, F	L 33816		1: 22 STATE LORIDA	
	City	, State & Zip		1 /00	
	<u> </u>	<u> 2-5555</u>	ر پ	2p7/YV	
	Davtime 1	Telephone number		·	

(Proposed corporate name - must include sulfix)

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

## ARTICLES OF INCORPORATION

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.

> ARTICLEI NAME

The name of the corporation shall be:

PHROGBONES, INC.

ARTICLE II PRINCIPAL OFFICE

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

CAN COUNTRICIAL RECEIVED

11418 NW 48 CT. CORAL SPRINGS, FL 33076

> ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BRIAN S. MITCHELL

1/4/8 NW 48 CT

OORAL SPRINGS, FL 33076

## 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):

BRIAN S. MITCHELL 644 WOODGATE CIRCLE SUNRISE FL 33326 FETER W. VISCOMI 644 WOODGATE CIRCLE SUNRISE, PL 33326

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

day of MARCH , 19 96

Signature

Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	PHROGRONES, INC.	
		是份 88
2. The name and address of the regis	stered agent and office is:	FILED MR 28 FII
BRIAN	MITCHELL (NAME)	-11 <sub>.</sub>
	NW 48 CT	1: 22 LORIDA
	RINGS, FL 33076 (CITY/STATE/ZIP)	<del></del> _

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) 3/196 (DATE)