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May 1, 1996

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

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-05/02/96--01032--007
***122.50 ***122.50

RE: EBT, INC.

Gentlemen:

Please file the enclosed Articles of Incorporation and send the certified copy and your acknowledgement to me in care of this office. Enclosed is our check in the sum of \$122.50 representing your filing fees.

Very truly yours,


H. RANDOLPH KLEIN

HRK/kp
enc:

DMC
5/7/96

FILED
96 MAY -2 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

EBT, INC.

FILED

96 MAY -2 PH 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby organizes and subscribes to these
Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

EBT, INC.

II.

The general purpose for which the corporation is organized
shall include the transaction of any or all lawful business for
which corporations may be incorporated under Chapter 607, Florida
Statutes.

III.

The aggregate number of shares of capital stock which the
corporation shall have authority to issue shall be 1,000 shares of
no par value stock, which stock shall qualify under Section 1244,
Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office
shall be:

**3135 SE 50 Place
Ocala, Florida 34480**

and the name of its initial Registered Agent at such address shall
be:

WILLIAM L. TRICE

V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

WILLIAM L. TRICE
3135 SE 50 Place
Ocala, FL 34480

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 26 day of April, 1996.



WILLIAM L. TRICE

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared WILLIAM L. TRICE, (✓) who is personally known to me or produced _____ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Ocala, Marion County, Florida, this 26 day of April, 1996.





Notary Public, State of Florida

My commission expires:

Having been named Registered Agent of EBT, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertain to the office of Registered Agent.


WILLIAM L. TRICE
Registered Agent

FILED
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TALLAHASSEE
FLORIDA