P9600039776 TRANSMITTAL LETTER

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

9100011907069 -05/03/96--01072--019 ****122.50 ****122.50

\$70.00 Filing Fee	## \$78.75 Filing Fee & Cerdificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required	
FROM:	Aanon	Rose (printed or typed)	95 HAV
	1448	Sailboat Circle	-3 PH 12:
	Wellingt	on F/ 33414 http, State & Zip	2:

(Proposed corporate name - must include suffix)

NOTE: Please provid∈ the original and one copy of the articles.

Daytime Telephone number

of 5/9/94

ARTICLES OF INCORPORATION

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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 b

AARON D. RUSE, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1448 Sailboat circle

Wallington, F1 33414

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Agran D. Rose

1448 Sailbout Circle

Wellington, F1 33414

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):

Agron D. Rose 1448 Sailboat Circle, Wellington, FL 33414

Sarah A. Rose 1448 Sailboat Circle, Wellington, FL 33414

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

29th day of April , 19 96.

(An additional article must be added if an effective date is requested.)

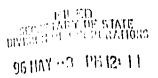
Signature

Notarization is not required

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: Agron D. Rose, Inc.
2.	The name and address of the registered agent and office is:
	Agron D. Rose (NAME)
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Wellington, FI 33414 (CITY/STATE/ZIP)

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.