J-96000049356

TRANSMITTAL LETTER

" artment of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT :

TRWIN WOLFE & ASSOCIATES, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50

FROM:

IRWIN WOLFE 9315 N.W. 49TH PLACE SUNRISE, FLORIDA 33351

(954) 742-2578

70000013853747 -08/06/96--01071--021 ****122.50 ****122.50

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

ARTICLES OF INCORPORATION

OF

TRWIN WOLFE & ASSOCIATES, INC.

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 be :

IRWIN WOLFE & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

9315 N.W. 49TH PLACE SUNRISE, FLORIDA 33351

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IRWIN WOLFE 9315 N.W. 49TH PLACE SUNRISE, FLORIDA 33351

ARTICLE V INCORPORATOR (B)

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

1> IRWIN WOLFE 9315 N.W. 49TH PLACE SUNRISE, FLORIDA 33351

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 30TH day of MAY, 1996

Shawin Walfe IRWIN WOLFF

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 of 617.0501, 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:

IRWIN WOLFE & ASSOCIATES, INC.

2> The name and address of the registered agent and office is:

IRWIN WOLFE 9315 N.W. 49TH PLACE SUNRISE, FLORIDA 33351

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.

IRWIN WOLFE

MAY 30, 1996