

TRANSMITTAL LETTER

96 JUL 15 PH I2: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: U.S.	HANDLER roposed corporato r	び <i>ル</i> C. nomo - must includo sufi	lix)	200001994913 -07/6/96013015 +***131.25 ****131.25
Enclosed is an original for : \$70.00 Filing Fee	and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of \$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate]
FROM:	65.13 WEST	(printed or typed) 65 th Way Address PALM FLA. Ty, State & Zip	33409	
	407 -	89 - 5355 Telephone number		

Pt 1/1/96

ARTICLES OF INCORPORATION

FILED

96 JUL 15 PH 12: 07

The undersigned incorporator(s), for the purpose of forming a corporation under the Holdas Busines or RIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLEX NAME

The name of the corporation shall be:

U.S. HANDLERS INC.

ARTICLE II PRINCIPAL OFFICE

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

65-13 65-14 Way

WEST PALM, FLR. 33409

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GLENN BROMFIELD 65-13 65-14 WAY WEST PALM, FLA. 33409

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);

GLENN BROMFIELD 6513 65 M WAY WEST PALM, FLA. 33409

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

12 day of JULY , 19 96.

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

Signature

Signature

Notarization is not required

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

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES THE TATE UNDERSIGNED COCADRATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name, of the corporation is: U.S. HANDLERS INC.
2.	The name and address of the registered agent and office is:
	GLENN BROMFIELD
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	WEST PALM FLA. 33409 (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.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314