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

| | .T., lnc. | must include sulfix) | 90000 1885999 -07/17/9601019009 ++***78.75 ***+*78.75 | |
|-----------------------|--|--|---|--|
| | | the articles of incorporation | on and a check | |
| \$70.00 Filing Fee | Filing Fee Fi & Cortificate & Ce | \$122.50 \$131.29 ling Fee Filing Fee, ruffed Copy Cerdfied Cop & Cerdficate itional Copy Required | 1 | |
| FROM: | Michael D. Sim Name (printed o | | | |
| | 2727 South Ocean Blvd. #501 Address | | | |
| | Highland Beach City, State 8 | ASSEE, FIS | | |
| | (561) 279-4881 Daytime Telephon | ORIDA ORIDA | | |
| | 00[10179 | 35B 6-14970 | | |
| | 777 | \wp ι ι | | |

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



July 18, 1996

MICHAEL D. SIMONS 2727 SOUTH OCEAN BLVD, #501 HIGHLAND BEACH, FL 33487

SUBJECT: D.W.I.T., INC. Ref. Number: W96000014970

We have received your document for D.W.I.T., INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 796A00034748

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.

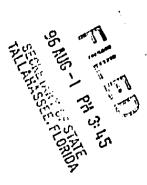
The name of the corporation shall be: ARTICLE I NAME

Phinoceros Inc.

ARTICLE II PRINCIPAL OFFICE

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

160 S.W. 12th Ave. #103B Deerfield Beach, FL 33442



ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Michael D. Simons 2727 South Ocean Blvd. #501 Highland Beach, FL 33487

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):

Michael D. Simons 2727 South Ocean Blvd. #501 Highland Beach, FL 33487

10th day of July , 1996

(X) Michael Signature

Signature

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

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

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.

-D.W.I.T., Inc.

1. The name of the corporation is:

Rhinoceros Inc.

| 2. The name and | i address of the registered a | gent and office is: | | |
|--|---|---|-----------------------------------|--|
| | Michael D. Simo | ពន | | THE STATE OF THE S |
| | · | (NAME) | | - PA |
| | 2727 South Ocean B1 | .vd. #501 | | المراجعة الم |
| | (P.O. Box or Mail | Drop Box NOT ACC | EPTABLE) | |
| | Highland Beach, FL | 33487 12 | | γ |
| | (C | TTY/STATE/ZIP) | · · · · · · | |
| agent and agree to relating to the pro | med as registered agent an e place designated in this ce to act in this capacity. I fur per and complete performa position as registered agen | rtificate, I hereby ther agree to con nce of my duties. | accept the appoints with the pro- | ointment as registered |
| & Mul | (SIGNATURE) | | July 10, (DATE) | 1996 |
| | | | | |