14139 EMPIRE CORPORATE KIT CONTACT: RAY STORMONT PHONE: (305) 541-3694 FAX: (305) 541-3770 FLORIDA PROFIT CORPORATION OR P.A. (((H90000010085))) DOCUMENT TYPE: NAME: LOCATIONS UNLIMITED, INC. FAX AUDIT NUMBER: H96000010685 CURRENT STATUS: REQUESTED TIME REQUESTED: 13:20:55 CERTIFICATE OF STATUS: 0 DATE REQUESTED: 08/01/1996 CERTIFIED COPIES: 1 NUMBER OF PAGES: 5 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 072450003255 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000010885))) ** ENTER 'M' FOR MENU. ** ENTER SELECTION AND m(CR): Help F1 Option Menu F2 NUM Connect: 00:09:00

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SECRETARY OF STATE

ALL MASSEL FRORD

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ARTICLES OF INCOMPORATION OF LOCATIONS UNLIMITED, INC.

The undersigned hereby agree(s) to organize a corporation under the laws of the State of Florida, with the following Articles of Incorporation.

ARTICLE I

The corposate name shall be: LOCATIONS UNLINITED, INC.

ARTICLE II

The corpogation shall have perpetual existence.

ARTICLE III PURPOSE

The corpodate purpose is to conduct all lawful business and it shall possess \$11 powers now and hereafter conferred by the laws of the State of Florida and the United States upon corporations.

ANTICLE IV

The amount of capital stock authorized is five thousand (5,000) shares with no par value.

This Document use Propagied by: Douglas D. Stratten, Engl. Floride Bar No. 240966 407 Lincoln Hood, Builty[29 Highs Seach, Floride 3309 (305) 672-7772

PRINCIPAL OFFICE

The post office address of the principal office of the corporation is: 407 Linuoln Road, Suite 2B, Miami Beach, Florida, 33139, or at any other location that the Board of Directors chooses to designate.

ARTICLE VI INITIAL REGISTERED AGENT

The initial Registered Agent of the corporation is: DOUGLAS D. STRATTON, ESQ.,

and the street address of the registered office is:

407 Lincoln Road, Suite 23, Miami Beach, Florida, 33139.

INITIAL BOARD OF DIRECTORS

The business of the corporation shall be managed by a Board of Directors consisting of not fewer than one (1) person, the exact number to be determined from time to time in accordance with the by-laws. The name(s) and address(es) of the first Board of Directors who shall serve until the first annual meeting of the shareholders of until their successors are elected and qualified shall be:

\$8901000096H

ADDRESSES

Douglas D, Stratton

407 Lincoln Road, Suite 2B Miami Beach, Plorida 33139

SOABS ON DISECTOR(8)

The Director(s) shall exercise all powers conferred by law.

ARTICLE IX

The corporation shall indemnify any and all of its directors or officers against losses and expenses actually and necessarily incurred by them in connection with the defense of any suit which they are parties to by reason of their acts while in their corporate capacity.

ARTICLE X

The corpodation reserves the right to amend, alter, change or repeal any or all provisions of the Articles of Incorporation in the manner now or hereafter prescribed by Florida Statutes.

ARTICLE II INCORPORATOR

The name(#) and address(es) of the Incorporator(s) of the corporation is/are as follows:

INVITE

ADDRESSES

Douglas D. Stratton

407 Lincoln Road, Suite 2B Mismi Beach, Florida 33139

IN WITHERS WEEREOF, the undersigned, being the original Incorporator(s) of the corporation, has/have executed these Articles of Incorporation this 36 day of July , 1996.

DOUGLAS D. STATION

8901000096H

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STATE OF PLORIDA) COUNTY OF DADE

BEFORE MB# the undersigned authority, personally appeared DOUGLAS D. STRUCTON, to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same for the purposes therein expressed.

WITHESS my hand and official seal in the County and State aforementioned this 26 day of

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My Commission Expires:

Known to me or who has produced identification

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ACENOVIADGMENT

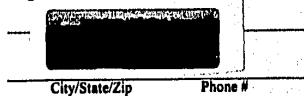
Print Name:

Having beah named to accept service of process for the stated corporation, at the place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions in Chapter 48.091, Plorida Statutes, relative to keeping open said office.

> REGISTERED AGENT Florida Bar Mo.

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Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1,	(Corporation Name) (Document #)	
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NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
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Florida Department of State, Jim Smith, Secretary of State AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF	FLORIDA	•		
				
COUNTY OF	DADE			
5045115				
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knowledge, imit correct:	ormation and belief, i	and under the penalties o	or perjury, the rollowi	ng is true and
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	,	Signature of resig	oning officer/director	
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My Commission	n Expires:	NOV. 13,1989	•	

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E044 (7-90)