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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

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96 AUG 12 AH11: 32

CERTIFICATE OF INCORPORATION

-OF-

SECRETARY OF STATE

CORNEIL, INC.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of the corporation shall be:

CARNEIL, ZNC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

> 4020 CORAL SPRINGS DR CORAL SPRINGS, F. 33065

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

STATE OF FLORIDA)

COUNTY OF BROWARD)

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CERTIFICATE DESIGNATING PLACE OF BUSINESS 96 AUG 12 Allig 32 OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS AND BE SERVED.

In pursuance of following is submitt	Chapter 40 od, in comp	0.091, Florid Dianco with	a Statutos, tho
MEDOM MIL .	217011,		dosiring to
organize under the la principal offices as Incorporation, in the	nws of the	State of Flo	rida with its
County of BROWN	0120		of Florida,
has named NET	Y CE		,
located at 4020 0	CRAI SO	PRINGS 1	20
CORNI SPRING	S F	lorida,	201.00
as its agent to accepstate.			vithin this
	ACKNOWLEDG!	EMENT	
Having been name the above stated corp this certificate, I h and agree to comply w relative to keeping o	d to accept oration, at ereby accept ith the pro- pen said of	service of the place of t to act in pvisions of s fice.	process for lesignated in this capacity, aid Act
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