P96000066747 TRANSMITTAL LETTER

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

SUBJECT:

\$70.00 Filing Fee	\$78.75 Filing Fee & Cerdicate	\$122.50 \$131.25 Filing Fee Filing Fee, Certified Copy & Certificate Additional Copy Required	
FROM:	_	dy L. Stein (printed or typed) SW 129 Lane	95. TALL
	<u> </u>	Address NI, FU 33176	CUETARY ONE TARY
	(30%	y, State & Zip 5) 253-3048 Telephone number	CF STATE EE. FLORIDA

Twin Designs Inc.

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

ARTICLES OF INCORPORATION

We the undersigned, do 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 said State providing for the formation, rights, privileges and immunities of a corporation for profit.

ARTICLE 1

The name of the corporation shall be:

Twin Designs Inc.

ARTICLE II

The purpose for which the corporation is organized is to transact, promote carry on and engage in any lawful activity within or without the State of Florida, and in foreign countries.

ARTICLE III

The amount of total authorized capital stock of the corporation shall be one thousand (1,000) shares of common stock with a par value of one dollar (\$1.00) per share.

ARTICLE IV

The amount of capital with which the corporation shall begin business shall be at least the minimum amount permitted, from time to time, by the Laws of the State of Florida.

ARTICLE V

The corporation shall have perpetual existence.

ARTICLE VI

The post office address of the principal office of the corporation shall be 9087 SW 129th Lane, Miami, FL 33176 with the privilege, however, of having branch offices and places of business at any other places within or without the State of Florida, or in foreign countries.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to the Florida Statutes pertaining thereto, the above named corporation, desiring to organize under the Laws of the State of Florida, with its principal office as indicated in the County of Dade, State of Florida, has named Judy L Stein, located at 9087 SW 129th Lane, Miami, FL 33176, County of Dade, State of Florida as its agent to accept service of process within this State.

ARTICLE VIII

The affairs of the corporation shall be conducted by a Board of at least one (1) director who need not be a stockholder.

ARTICLE IX

The names and addresses of the first Board of Directors of the corporation who, subject to the provisions of these Articles of Incorporation, the by-laws of the corporation and general corporation laws of the State of Florida, shall hold office until their successors have been elected and qualified are:

Judy L. Stein 9087 SW 129th Lane Miami, FL 33176

ARTICLE X

The names and addresses of each subscriber of these Articles of Incorporation are:

Milton M. Shapiro 20301 W. Country Club Drive, Suite 2029 Aventura, FL 33180 The corporation shall, at all times, have the corporate powers presently given to the corporations by the Laws of the State of Florida. The corporation is expressly authorized to enter into, honor and be bound by stockholders' agreements with stockholders of the corporation.

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Incorporation on the 1st day of Argust 1996.

(SEAL)

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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.

The name and a	ddress of the registered agent and office is:	THE STATE OF THE S
	- July L. Stein	- 8 F.H.
	9087 SW 129 Lane	PHIS: 08
	(P.O. Box of Mail Drop Box NOT ACCEPTABLE) (CITY/STATE/ZIP)	2
	(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.

(SIGNATURE) (DATE)

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