

996000091207

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: Carroll Gold, Inc

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> Cert. Copy(s) <i>photo</i>		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S -		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement	****70.00	****70.00
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s. _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		

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 -11/06/96-01094-020

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 96 NOV - 6 AM 8:49

FILED

SUBTOTALS	
FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

RECEIVED
 96 NOV - 6 PM 1:59
 DIVISION OF CORPORATION

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
NAME	<u>[Signature]</u>		CK No. _____

SLIP-IN
 Pick Up 11/6 3:00

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 Company

**ARTICLES OF INCORPORATION
OF
AARON GOLD, INC.**

FILED
96 NOV -6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming corporation under the Florida Business Corporation Act ,here by adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

AARON GOLD, INC.

ARTICLE II PRINCIPAL OFFICE

934 N, University Drive # 114 Coral Springs 33071 Florida

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock this corporation is athorized at any one time is: One Thousand (1000) Shares, all of one class, common stock, at one (1.00) Dollar par value.

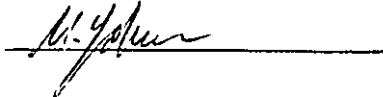
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Mayer Yahav 934 N, University Drive #114 Coral Sprins FL 33071

ARTICLE V INCORPORATOR(S)

Mayer Yahav 934 N, University Drive #114 CoralSprings FL 33071

The undersigned Incorporator(s) has (have) executed these Articles of Incorporation(s) this 12-8-1994



Mayer Yahav

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
96 NOV -6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: AARON GOLD, Inc.
2. The name and the address of the registered agent and office is:

Mayer Yahav 934 N, University Drive #114 Coral Springs FL 33071

**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 M. Yahav

DATE 11/1/06