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TRANSMITTAL LETTER

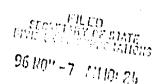
Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ralianassee, FL	. 02314	
SUBJECT:	GOLDCREST PRODUCTS, INC.	
	(proposed corporate name)	
Enclosed is an officer \$ 122.50	original and one (1) copy of the articles of incorporation and our	check
FROM;	SUSAN O. KELLY	S
	Name (printed or typed) 943 N. NORTH LAKE DRIVE	-7
	HOLLYWOOD, Address 33019	
	City, State, & Zip	22 (jm)
	Telephone Number	

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Note: Please provide the original and one copy of the Articles.

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ARTICLES OF INCORPORATION

<u>OF</u>

GOLDCREST PRODUCTS, INC.

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.

ARTICLE | NAME

The name of the corporation shall be:

GOLDCREST PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

943 N. NORTH LAKE DRIVE, HOLLYWOOD, FLORIDA 33019

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SUSAN O. KELLY 943 N. NORTH LAKE DRIVE, HOLLYWOOD, FLORIDA 33019

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation Is(are):

SUSAN O. KELLY - 943 N. NORTH LAKE DRIVE HOLLYWOOD, FL 33019

The unders	signed inc	orporator(s)	has(have) execu	ited these /	Articles of Inc	orporation this
	29th	_ day of	OCTOBER	, 19	<u>96</u>	
			<u>Susa</u>	n 0.9	Kelly	
			Si	gnature	0	
			Sig	gnature		**
			Sig	gnature		

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED
SECRETARY LE STATE
COMMISSION -7 LIMB: 24

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

1.	The name of the corporation is: GOLDCREST PRODUCTS, INC.
2.	The name and address of the registered agent and office is:
	SUSAN O. KELLY
	(NAME)
	943 N. NORTH LAKE DRIVE
	(P.O. BOX NOT ACCEPTABLE)
	HOLLYWOOD, FLORIDA 33019
	(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 Susan O. Kelly
DATE OCTOBER 29, 1996