division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131.25 **□\$122.50** \$70.00 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: AL SILLEY Name (Printed or typed) 561) 434-9034 Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 31, 1997

AL SILVER 4658 HAZELTON LANE LAKE WORTH, FL 33467

SUBJECT: AL SILVER ASSOCIATES INC.

Ref. Number: W97000002536

We have received your document for AL SILVER ASSOCIATES INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 797A00005272

TRANSMITTAL LETTER

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

SUBJECT: AL SILVER ASSOCIATES INC.
(Proposed corporate name - must include suffix)

| Enclosed is an originator: [] \$70.00 Filing Fee | and one (1) c \$78.75 Filing Fee & Certificate | \$122.50 Filing Fee & Certified Copy Additional Cop | #131.25 Filing Fee, Certified Copy & Certificate | nd a chec |
|---|---|---|--|-----------|
| FROM: | *************************************** | | | |
| | Name | (printed or typed) | | |
| | *************************************** | Address | | |
| | C | ty, State & Zip | | |
| | Davies | Tologha | | |

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

ARTICLES OF INCORPORATION

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.

RETARY OF STA

ARTICLEI NAME

The name of the corporation shall be:

AL SILVER ASSOCIATES INC.

ARTICLE II PRINCIPAL OFFICE

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

4658 HAZLETON LANE LAKE WORTH, FL. 33467

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ALEX SILVER 4658 HAZLETON LANE LAKE WORTH, FL 33467

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ALEK SILVER - 4658 HAZLETON LANE LAKE WORTH, FL. 33467 RITA SILVER --4658 HAZLETON LANG LAKE WORTH FL 33467

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5 day of FEB , 19 92.

(An additional article must be added if an effective date is requested.)

Signatifre

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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 OFFICEREGISTERED AGENT, IN THE STATE OF FLORIDA

| I. The name of the corporation is: | AL SILVER A | SSOCIA | ATES. | <u>Z</u> NC |
|---|--|--------|----------------------------|--|
| 2. The name and address of the register | ered agent and office is: | | Z., 10 | - |
| <u>ALEX</u> | SILVER (NAME) | | 97 FEB 10 / SECRETARY I | |
| 4658 HI (P.O. Box | AZLETON LANE (OF MAIL Drop Box NOT ACCEPTABLE) | | 지유 프 | |
| LAKE W | (CITY/STATE/ZE) | 33467 | II: 44 STATE LORIDA | المنافقة ال |

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