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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

		 	
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ARTICLES OF INCORPORATION

OF

W.P. SDN, INC.

The undersigned incorporator, for the purpose of forming corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1: NAME

The name of the corporation shall be

W.P. SDN, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 181 University Avenue, Suite 308, Toronto, Ontario, Canada M5H 3M7.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares common having a par value of ten cents (\$.10) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is John W. Perloff, 1177 S.E. Third Avenue, Ft. Lauderdale, FL 33316.

ARTICLE V: INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is John W. Perloff, 1177 S.E. Third Avenue, Ft. Lauderdale, FL 33316.

ARTICLE VI: DIRECTORS

The names of each of the initial directors of the corporation is Amit Sofer, 181 University Avenue, Suite 308, Toronto, Ontario, Canada M5H 3M7.

The undersigned has executed these Articles of Incorporation this

______ day of March, 1997.

JOHN W. PERLOFF, Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

1. The name of the corporation is

W.P. SDN, INC.

2. The name and address of the registered agent and office is John W. Perloff, 1177 S.E. Third Avenue, Ft. Lauderdale, Fib 33316.

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 AGENTA

JOHN W. PERLOFF

March March