97000025505 TRANSMITTAL LETTER

Department of State **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314 SUBJECT: ____SINKOVITS INC. (Proposed corporate name) Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 122.50 FROM: ANGELA SINKOVITS Name (printed or typed) P.O. BOX 1390 Address LEHIGH, FL 33970 City, State, & Zip (941) 368-5200 Telephone Number

MHA E 1 1997

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

ARTICLES OF INCORPORATION

OF

SINKOVITS INC.	
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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 I NAME

The name of the corporation shall be:

SINKOVITS INC.

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ARTICLE II PRINCIPAL OFFICE

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

1241 TAYLOR LANE EXT. SUITE 5d LEHIGH, FL 33936

mailing address: P.O. BOX 1390 LEHIGH, FL 33970

ARTICLE III SHARES

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

100

ARTICLEIV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANGELA SINKOVITS 1241 TAYLOR LANE EXT. SUITE 5D LEHIGH, FL 33936

ARTICLE V INCORPORATOR(S)

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

PRESIDENT ANGELA SINKOVITS 1241 TAYLOR LANE EXT. SUITE 5D LEHIGH, FL 33936

The unde	ersigned inc	corporator(s) has	(have) execute	ed these Art	icles of Incor	ooration this
-	12th	day of _mar	CH	, 19_9	97	
		Ma	Signature	>		_
	 		Signature	M. L		
		·	Signature		.	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SINKOVITS INC.	
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2. The name and address of the registered agent and office is: ANGELA SINKOVITS	HAR 17 AM 12: 16
(Name)	一 器 16
1241 TAYLOR LANE EXT. SUITE 5D (P.O. Box not acceptable)	<u></u>
BEHIGH, FL 33936	
(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) 3/12/97