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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: LT SERVICES, INC.

AUDIT NUMBER.....H97000005439

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

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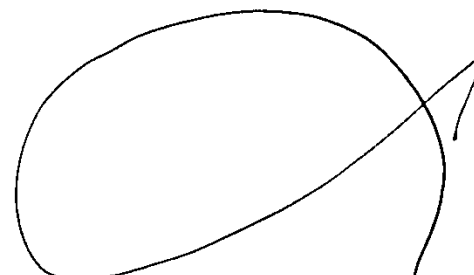
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H97000005439

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

LT SERVICES, INC.

RECEIVED
TALLAHASSEE
FLORIDA
APR 3 1997

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The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation:

FIRST: The name of the Corporation is:

LT SERVICES, INC.

SECOND: The period of its duration is perpetual.

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the transaction of any or all lawful business for which corporations may be incorporated under the provisions of the Florida General Corporation Act.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

One Thousand Shares (1,000) at \$1.00 par value.

FIFTH: The street address of the initial registered and principal office of the Corporation shall be:

4100 NW 10TH STREET
DELRAY, FL 33445

and the name of its initial Registered Agent at such address is:

WILLIAM L. TOWNSEND

SIXTH: The number of Directors constituting the initial Board of Directors of the Corporation is 1, and the name and address of the person who is to serve as Director until the first annual meeting of Shareholders or until their successors are elected and shall qualify is:

WILLIAM L. TOWNSEND, 4100 NW 10TH STREET, DELRAY, FL 33445

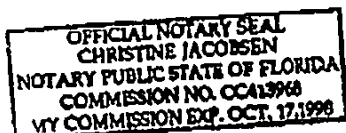
Prepared by: CHRISTINE JACOBSEN
Southeast Accounting & Tax Group, Inc.
6418 N.W. 5 Way, Ft. Lauderdale, FL 33309
(954) 491-5727

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The name and address of each incorporator is:

WILLIAM L. TOWNSEND

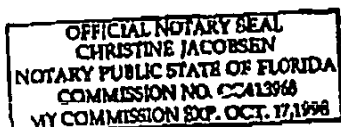
Dated: APRIL 1, 1997William L. TownsendState of Florida:
County of Broward:The foregoing instrument was acknowledged before me this 01 day of APRIL, 1997 by
_____Christine Jacobsen
CHRISTINE JACOBSENPersonally Known ✓ OR Produced Identification _____Type of Identification Produced DRIVERS LICENSEWILLIAM L. TOWNSEND, having been designated to act as Registered Agent hereby agrees to act in this capacity.William L. Townsend
WILLIAM L. TOWNSENDPrepared by: CHRISTINE JACOBSEN
Southeast Accounting & Tax Group, Inc.
6418 N.W. 5 Way, Ft. Lauderdale, FL 33309

H97000005439

H97000005439

The name and address of each incorporator is:

WILLIAM L. TOWNSEND

Dated: APRIL 1, 1997William L. TownsendState of Florida:
County of Broward:The foregoing instrument was acknowledged before me this 01 day of APRIL, 1997 byChristine Jacobsen
CHRISTINE JACOBSENPersonally Known ☒ OR Produced Identification _____Type of Identification Produced DRIVERS LICENSEWILLIAM L. TOWNSEND, having been designated to act as Registered Agent hereby agrees to act in this capacity.William L. Townsend
WILLIAM L. TOWNSEND

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STATE OF FLORIDA
TALLAHASSEE, FL 32309

Prepared by: CHRISTINE JACOBSEN
Southeast Accounting & Tax Group, Inc.
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