P970000375 20 TRANSMITTAL LETTER

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

400002081774--4 -02/07/97--01086--006 *****78.75 ******78.75 71.75

4-90-100 Trans HABJ, Inc. **SUBJECT:** (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED W97-3265 JACQUELINE E. DANZER FROM: Name (Printed or typed) P.O. BOX 720898 Address Orlando FL 32872-0898 City, State & Zip (407) 384-8346

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

Daytime Telephone number

Be 4/88



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 10, 1997

JACQUELINE E. DANZER POST OFFICE BOX 720898 ORLANDO, FL 32872-0898

SUBJECT: HABJ, INC. (DBA GOAAL!!!, ORLANDO)

Ref. Number: W97000003265

We have received your document for HABJ, INC. (DBA GOAAL!!!, ORLANDO) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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) 487-6927.

Letter Number: 197A00006919

Kathy Hyman Document Specialist

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.

ARTICLE I NAME

The name of the corporation shall be:

HABJ, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 720398

Orlando FL 32972-0998

FILED

97 APR 28 AM 11: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

THREE HUNDRED (300) SHARES

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

JACQUELINE E. DANZER

7842 PINE CROSSINGS CURCLE BUILDING 11. SUITE 1122

ORLANDO FL 32325

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):

- 1.- Jacqueline E. Danzer. Partner. 7842 Pine Crossings Circle, suite 1122 Orlando FL 32825
- 2.- Hector Manuel Martinez. Partner 5327 Pine Grove Run Oviedo FL 32765
- 3.- Alvaro E. Thimann. Partner. 3211 Sun Spring Circle, Suite 32 Orlando FL 32825

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

14 day of February , 1997

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

Signature

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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is_ | | Inc. | | | | _ | |
|----|---|------------------|--------|--------|-------|----------------|----------|------|
| | • | | | | | SEC | 97 | |
| 2. | The name and address of the registered agent and office is: JACQUELINE E. DANZER | | | | | RETARY C | APR 28 | FILE |
| | | | | | | FLOG ALS JA | AH II: | |
| | (NAME) | | | | | | ယ | |
| | | 7342 Pine Crossi | ngs Ci | rcle, | suite | 1122 | <u>~</u> | |
| | (P. O. Box or Mail Drop Box NOT ACCEPTABLE) | | | | | | | |
| | | Orlando | FL 32 | 872-09 | 198 | | | |
| | | (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.

February 04, 1997

(SKONATURE)

(DATE)