P970000 41683

TRANSMITTAL LETTER

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



| SUBJECT: W | ALLACE COL | te name - must include suffi: | √ | . .0 |
|--|--|---|--|------------------|
| • | | • | -05/07/97010580 #####78.75 *####78 | 3.75 |
| Enclosed is an origina | al and one(1) copy of the article | s of incorporation and a | check for : | |
| S70.00 Filing Fee | \$78.75 Filing Fee & Certificate | S122.50 Filing Fee & Certified Copy . ADDITIONAL CO | S131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED | |
| FROM: PICHARD NOBLE Name (Printed or typed) | | | | |
| | 200 S. FEDE | | • | |
| | POMPANO BET | ' ' | 33062 | |

P. Continuing III

MAT 1 2 1997

Daytime Telephone number

954 - 785 - 8600

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:

WALLACE COLEMAN. INC.

97 HAY -7 AH 10: 22 TÄLLAHASSEE, FLORIAN

ARTICLE II PRINCIPAL OFFICE

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

WALLACE COLEHAN INC 200 S. FEDERAL HWY POMPANO BEACH, FL 33062

ARTICLE III SHARES

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:

BRIAN MCGRATH 200 S. FEDERAL HWY. POMPANO BEACH, FL 33062

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):

PICHARD NOBLE 200 S. FEDERAL HWY POMPANO BEACH, FL 33062

| The undersigned inc | orporator(s) has(have | e) executed these Articles of | of Incorporation this |
|------------------------|-----------------------|-------------------------------|-----------------------|
| day of | MAY | . 19 97 . | |
| (An additional article | must be added if an | effective date is requested | .) |
| | Reboto | l | - p |
| | | 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 LAW'S 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 WALLACE COLEMAN INC. |
|----|---|
| 2 | The name and address of the registered agent and office is: |
| ٤. | The name and address of the registered agent and office is: BRIAN M. McGRATH |
| | (NAME) |
| | 200 S. FEDERAL HWY. (P. O. Box of Mail Drop Box NOT ACCEPTABLE) |
| | POMPANO BEACH, FC 33062 |

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)