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TO: DIVISION OF CORPORATIONS

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FROM: EMPIRE CORPORATE KIT COMPANY

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CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: CLN PROPERTIES, INC.

AUDIT NUMBER.....H97000008174

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

CERT. OF STATUS..0

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ARTICLES OF INCORPORATION
OF
CLN PROPERTIES, INC.

The undersigned Incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

CLN PROPERTIES, INC.

The principal place of business of the Corporation shall be:

9801 Collins Avenue, Apt. 19X
Bal Harbor, Florida 33154

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ARTICLE II NATURE OF BUSINESS

The Corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, territory or nation.

ARTICLE III CAPITAL STOCK

The Corporation is authorized to issue 1000 shares, all of one class, at \$1.00 par value.

ARTICLE IV DURATION

This Corporation is to exist perpetually.

ARTICLE V REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent and office of the Corporation is:

Nestor B. Gorfinkel, Esq.
1111 Kane Concourse, Suite 401
Bay Harbor Islands, Florida 33154

THIS DOCUMENT WAS PREPARED BY:
Nestor B. Gorfinkel, Esq.
1111 Kane Concourse, Suite 401
Bay Harbor Islands, Florida 33154
FAX: 350699
(805) 569-9523

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation is:

Nestor B. Gorfinkel, Esq.
1111 Kane Concourse, Suite 401
Bay Harbor Islands, Florida 33154

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 19 day of May, 1997.



Incorporator

State of Florida
County of Dade

The foregoing instrument was acknowledged and sworn to before me this _____ day of May, 1997, by Nestor B. Gorfinkel, Incorporator of CLN PROPERTIES, INC.

Notary Public, State of Fla.
My Commission Expires:

Personally known _____ or produced identification _____.

Type of Identification Produced _____.

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 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 Section 607.325, Florida Statutes.



Nestor B. Gorfinkel, Registered Agent

5/19/97

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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