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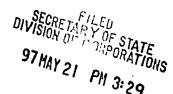
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

100002186471--4 -05/21/97--01051--019 ****122.50 ****122.50

SUBJECT: UNCLAIMED FUNDS INC. (Proposed corporate name - must include suffix)					
	(Proposed con	rporate name - must menude	s surrix)		
Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for :		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	₩ \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
EDOM:	JAMES S. LEWIS				
FROM: _	Name (Printed or typed)				
		1216 NW 125th Terrace, Sunrise FL, 33323 Address			
Sunrise FL, 33323					
City, State & Zip					
	05/15/97	(954) 846-040	69		

DP) (22

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



ARTICLES OF INCORPORATION

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

AR1	TICLE	I	NAME
			*

The name of the corporation shall be:

UNCLAIMED FUNDS INC.

ARTICLE II PRINCIPAL OFFICE

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

ANCLAIMED FUNDS INC.
965 N. NEB HILL RA, SUITE 173, PLANTATION, FL 33324.

ARTICLE III SHARES

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

"one"

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

James S. Lewis, 1216 NW 125th Terrace, Sunrise FL, 33323

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JAMES S. LEWIS, 1216 NW 125th Terrace, Sunrise FL, 33323

Signature/Incorporator Date

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

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/Registered Agent Date