L CONNECTION, INC. *****70.00 Art of Inc. File_ LTD Partnership File_ Foreign Corp. File_ L.C. File___ Fictitious Name File_ Name Reservation_ Merger File_ Art. of Amend. File_ RA Resignation_ Dissolution / Withdrawal_ Annual Report / Reinstatement____ Cert. Copy_ Photo Copy_ Certificate of Good Standing____ Certificate of Status_ Certificate of Fictitious Name____ Corp Record Search_ Officer Search Fictitious Search_ Fictitious Owner Search_ Signature Vehicle Search_ Driving Record_ UCC 1 or 3 File_ Requested by: UCC 11 Search_ Name

Will Pick Up _____

Walk-In _____

UCC 11 Retrieval_

Courier_

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:

SLM MANAGEMENT, INC.

97 JUN -5 PH 12: 54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

1041 Northeast 78th, #1 Miami, Florida 33138

ARTICLE III - SHARES

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

100 Shares/Par Value of \$1.00

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Steven Muchnick 1041 Northeast 78th, #1 Miami, Florida 33138

ARTICLE V - INCORPORATOR (S)

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is(are):

STEVEN MUCHNICK

President

LISA L. MUCHNICK

Vice-President

LISA L MUCHNICK

Treasurer

LISA L. MUCHNICK

Secretary

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this <u>13th</u> day of May, 1997

Steven Muchnick

STATE OF FLORIDA, DADE County ss:

I hereby certify that on this day, before me an officer duly authorized in the state and county aforesaid to take acknowledgments, personally appeared STEVEN MUCHNICK to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same for the purpose therein expressed and who presented personally knowledged as identification and did take an oath.

WITNESS my hand and official seal in the county and state aforesaid

this 13/1 day of May, 1997.

Notary Public - State of Florida

My Commission Expires:



CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

- 1. The name of the corporation is: SLM MANAGMENT, INC.
- 2. The name and address of the registered agent and office is:

Steven Muchnick 1041 Northeast 78th, #1 Miami, Florida 33138

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.

Steven Muchnick

STATE OF FLORIDA, DADE County ss:

I hereby certify that on this day, before me an dice duly authorized in the state and county aforesaid to take acknowledgments, personally appeared STEVEN MUCHNICK to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same for the purpose therein expressed and who presented felousy KNOW) as identification and did take ampoaring

WITNESS my hand and official seal in the county and state aforesald this /3// day of May, 1997.

Notary Public - State of Florida

My Commission Expires:

