TRANSMITTAL LETTER Department of State

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FROM:

SUBJECT: Take A Shot, Inc. (proposed corporate name) 800002204448--3 -06/06/97--01090--005 *****70.00 *****70.00

Enclosed please find an original and one (1) copy of the articles of incorporation and certificate of designation for registered agent/registered office for the above corporation with check in the amount of \$70.

David I. Cohen 1031 Ives Dairy Rd., Ste. 127 Address No. Miami Beach, FL 33179 City, State & Zip

> (305) 654-9989 Telephone Number

ARTICLES OF INCORPORATION

<u>OF</u>

Take A Shot, Inc.

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:

Take A Shot, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1800 S. Bayshore Drive Miami, FL 33132

ARTICLE III CAPITAL STOCK

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

100 Shares common stock at \$1.00 per share par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

David I. Cohen 1031 Ives Dairy Rd., Ste. 127 No. Miami Beach, FL 33179

ARTICLE V INCORPORATOR(S)

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

David I. Cohen 1031 Ives Dairy Rd., Ste. 127 No. Miami Beach, FL 33179

Meredith L. Shapiro 1031 Ives Dairy Rd., Ste. 127 No. Miami Beach, FL 33179

The undersigned has(have) exe	ecuted the	se Articles of Incorporation this
day of _	June	, 19 <u>97</u> .
•	<u> </u>	Signature/Title
		Signature/Title
	 -	Signature/Title

CERTIFICATE OF DESIGNATION 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.

he name	and address of the reg	sistered agent and office is:	
	David I. Cohe (NA)	n	<u> </u>
	•	ry Rd., Ste. 127	JUN CRELL LAH
	(P.O. BOX <u>N</u> C	OT ACCEPTABLE)	9 L F
	No. Miami Bea	ch, FL 33179	
	(CITY/	STATE/ZIP)	1: 54 DRIDA
			D F
		SIGNATURE /	M Q Coe
		TITLE / Parid T	officer)

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.

DATE _ 6/5/97