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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
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NAME: CASTLE CANOPY, INC.

AUDIT NUMBER.....H97000012337

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

CERT. OF STATUS..0

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TALLAHASSEE, FLORIDA

Bm 7/30/97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 29, 1997

EMPIRE

SUBJECT: CASTLE CANOPY, INC.
REF: W97000017476

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent and street address must be consistent wherever it appears in your document.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight
Document Specialist

FAX Aud. #: B97000012337
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(4)

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

Castle Canopy, Inc.

FILED
97 JUL 30 AM 11:49
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of corporation under the Florida Corporation Act, adopt the following Articles of Incorporation:

FIRST: Corporate Name. The name of the corporation is Castle Canopy, Inc.

SECOND: Term of Existence. This corporation shall have perpetual existence.

THIRD: Nature of Business. This corporation shall engage in any lawful activity permitted by the laws of the United States and the state of Florida.

FOURTH: Capital Stock. This corporation is authorized to issue 100 shares of one dollar (\$1.00) par value common stock.

FIFTH: Voting rights. Except as otherwise provided by law the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding common shares.

SIXTH: Pre-emptive Rights. Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price which it is offered to others.

ROBERT FELIX, CPA
9050 PINES BLVD. STE 359
PEMBROKE PINES, FLORIDA 33024
(954) 436-8850

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SEVENTH: Initial Principal Office of Registered Agent: The street address of the initial registered agent and principal office of this corporation is:

1333 S.W. 14th Street
Boca Raton, Florida 33486

and the name of the initial registered agent of this corporation at that address is

James N. Barber

EIGHTH: Incorporator. The persons signing these Articles of Incorporation have the following names and addresses:

James N. Barber
1333 S.W. 14th Street
Boca Raton, Florida 33486

NINTH: By-Laws. The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the shareholders.

TENTH: Amendment. The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 29th day of July, 1997.


(Incorporator)

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**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED.**

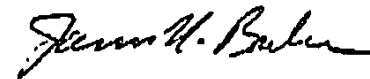
Pursuant to the provisions of section 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First-That Castle Canopy, Inc. desiring
(Name of Corporation)
to organize under the laws of the State of Florida has with its
(Florida)
principal office, as indicated in the articles of incorporation
at City of Boca Raton County of Palm Beach
(City) (County)
State of Florida has named James N. Barber
(State) (Name of Resident Agent)
located at 1333 S.W. 14th Street
(Street address and number of building
Post Office Box Address not acceptable)
City of Boca Raton, County of Palm Beach State of
(City) (County)
Florida, as its agent to accept service of process within this
state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

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 obligation of my position as registered agent.

By



Signature
Registered Agent

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