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CORPORATION(S) NAME

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Profit) NonProfit	() Amendment	AM 1: 15
() Foreign	() Dissolution	
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Mark () Other () Change of Registered Agent () Certificate Under Seal () After 4:30
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CR2E031 (RB-85)

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.

> ARTICLEI NAME

The name of the corporation shall be:

CRABS - R - US INC

ARTICLE II · PRINCIPAL OFFICE

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

4671 SW

33312 FORT LAUDER DALE

> ARTICLEIII SHARES

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

SHARES NO PAR VALUE 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

BRIAN LYNN.

sie 215 2 So UNIVERSITY DR

PLANTATION FL. 33324 ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

DON FROEDER 4671 SW 35 AVE FT LAUDERDALE FL 33312
RANDOLPH MANCHESTEL 640 SW 874 TELL. FT LAUDERDALE FL 33315

· The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8 day of OCTORER , 1997.

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

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERFFICATE OF DESIGNATION OF 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.

1. The name of the corporation is:	CRABS-R-US INC
2. The name and address of the reg	istered agent and office is:
BRIAN G	(NAME)
2 <u>50</u>	UNIVERSITY DE SUITE 215 BOX OF MAIL Drop BOX NOT ACCEPTABLE)
	(CITY/STATE/ZIP)

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.

1	4	101	97 OCT	
	(SIGNATURE)	(DATE)	14 AHII: 15	LED

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314