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

SUBJECT:	ONE STOP MERCHANTS INC.	
	(proposed corporate name)	
-		
	lease find an original and one (1) copy of the articles of incorporation for the	

above corporation and check in the amount of \$70

97--01085--005 *****70.00 *****70.00

FROM:

Tom McLean

Name

4503 Irvington Avenue Suite 6

Address

Jacksonville Fl 32210

City, State, & Zip

(904) 387-6441 Telephone Number

AUTHORIZATION BY PHONE TO

CORRECT

DOC. EXAM

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

<u>OF</u>

ONE	CULD	MERCHANTS	INC	
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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:

ONE STOP MERCHANTS INC.

97 OCT 13 AMII: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

7451-1 103rd Street Jacksonville Fl 32210

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 of Common Stock

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Tom McLean 4503 Irvington Avenue Suite 6 Jacksonville Fl 32210

ARTICLE V INCORPORATOR(S)

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

Jose Rodriguez 7457-1 103rd Street Jacksonville Fl 32210

The unde	ersigned h	as(have) ex	ecuted these Article	s of Incorporation this
	7th	day of _	October	, 19 97
		•	Sig	July Incorporator
			Sig	nature/Title
			Sig	gnature/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 registered agent and office is:	
Tom McLean	97 0 SECH
(NAME)	CHETA
4503 Irvington Avenue Suite 6	ISSE
(P.O. BOX <u>NOT</u> ACCEPTABLE)	To A
Jacksonville Fl 32210	I: 4: STATE ORIG
(CITY/STATE/ZIP)	> \
SIGNATURE (corporate officer)) dige
DATEOctober 7th 1997	7

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 Jon Melan
DATE October 7th 1997