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

THE IVY SULLIVAN COLLECTION, INC SUBJECT:

(Proposed corporate name - must include suffix)

100002324731---4 -10/20/97--01153--003 ****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78,75 Filing Fee

& Certificate

\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, **Certified Copy**

& Certificate

ADDITIONAL COPY REQUIRED

TVY SULLIVAN
Name (Printed or typed) FROM:

Address

Boen Raton, Ha. 33486-8511

City, State & Zip

561-392-9295 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

DIVISION OF COMPONATIONS

97 OCT 20 PM 12: 52

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I	NAME	
The name of the co		39 - 1
	THE INY SULLIVAN COLLECTION TO	U
ARTICLE II	PRINCIPAL OFFICE	
	of business and mailing address of this corporation shall be:	
	2230 S.W. 11th Place	
	BOCA RATON, FLA 33486-8511	
	DUCH RHIOW, I CIT. JOTO 80 7	
ARTICLE III	SHARES	
The number of sha	res of stock that this corporation is authorized to have outstanding at any one time is:	
1000		
1000		
ARTICLE IV	INITIAL REGISTERED AGENT AND STREET ADDRESS	
	ida street address of the initial registered agent are:	
	_	
TAN SM	LIVAN U. 11th Place	
みみるり ラー	U. HTN FIRE	

BOCH RATON, FLA 33486-8511

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Try Sullivan

aa30 Sw. 11th Place
BOCA Rators, Bla. 33486-8511

Day Olullwai 10/7/97

Signifure/Incorporator Date

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

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/Registered Agent 10/7/97

Date