| MIAMI, FLORIDA City/State/Zip LOCAL REPRESENT CORPORATION NAN | ATIVE TALLAHAS 1E(S) & DOCUME | 2-5973 SEE INT NUMBER(S | , | <i>59</i> |
|---|---|-------------------------------|---------------------------------------|---|
| 1. FGP (Corporation | #/550C/ | Document # | INC. | |
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| (Corporation | n Name) | (Document # | | 97 N |
| 3. (Corporation | n Name) | (Document # | 7) | Z = 1 |
| 4 | n Name) | | | 6 PM 6 |
| (Corporation | n Name) | (Document # | b FORA | - - |
| | ck up time | <u></u> | Certified Copy Certificate of Status | |
| NEW FILINGS IN | AMENDMENTS | | 2000023; | |
| X Profit | Amendment | | -11705/3 ****122 | 701041017 .50 ****122.50 |
| NonProfit | Resignation of R.A., C | fficer/ Director | • | |
| Limited Liability | Change of Registered | ~ | | |
| Domestication | Dissolution/Withdraw | al | | 974 |
| Other | Merger | | * | |
| Annual Report Fictitious Name Name Reservation | Foreign Limited Partnership Reinstatement Trademark Other | | 1/6 | 67.11.12 5. 10.11.65 (1.31.11.12 5. 10.11.16 |
| CR2E033(1/05) | | , | Examiner's Initials | |

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ARTICLES OF INCORPORATION

OF

F G P ASSOCIATES, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

F G P ASSOCIATES, INC.

The principal address of this corporation shall be:

20931 VIA-AZALEA, APT. 1 BOCA RATON, FLORIDA 33428

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities for business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock have a par value of \$1.00 per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 20931 VIA-AZALEA, APT. 1 BOCA RATON, FL. 33428 and the name of the initial registered agent of the corporation at that address FRAN POLLACK .

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

This corporation shall have officer(s) and Director(s), initially. The name and street address of the initial officer(s) and director(s) who shall hold office for the first year of the corporation, of until his successor is elected or appointed are/is:

FRAN POLLACK 20931 VIA-AZALEA, APT. 1 BOCA RATON, FL. 33428 PRESIDENT

ARTICLE VII. SUBSCRIBER

The name and street address of the subscriber to these Articles of Incorporation is:

FRAN POLLACK 20931 VIA-AZALEA, APT. 1 BOCA RATON, FL. 33428

In WITNESS WHEREOF, the undersigned has hereunto set her hand and seal on this 30 day of OCTOBER, 1997.

1 Fran Polladeseal)

| State of Florida |
|---|
| County of Broward |
| The foregoing instrument was acknowledged before me this day of OCTOBER, 1997, by |
| Notary Public, State of Florida at Large |
| My Commission Expires |

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.

| 1. The name of the Corporation is: |
|---|
| F G P ASSOCIATES, INC. |
| 2. The name and address of the registered agent and office is: |
| FRAN POLLACK |
| (Name) |
| 20931 VIA-AZALEA, APT. 1 (P.O. BOX NOT ACCEPTABLE) |
| BOCA RATON, FL. 33428 (City/State/Zip) |
| (City/State/Zip) |
| SIGNATURE V MAS Pollack (Corporate officer) |
| TITLE President |
| DATE 10/30/97 |
| 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. Further agree Ed 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 agents. SIGNATURE / / / / / / / / / / / / / / / / / / / |