P98000013897

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

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SUBJECT:	SLIPPERY	Solutions, z	NC.	
	(Proposed	corporate name - must includ	e suffix)	_
				₹
Enclosed is an original a	nd one(1) copy of the artic	les 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		
FROM:	<i>Wi//14m</i> Name (MARKOWITZ Printed or typed)		
	6574 N	Address		
	Co Co NUT CREEK, F/A, 33073-3625 City, State & Zip			
	954-418- Quarter 8073 Daytime Telephone number			
	Day time	A CALPRONE MANDER	Y OF S	

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

ARTICLES OF INCORPORATION

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 corporation shall be:

SLIPPERY SOLUTIONS, INC.

98 FEB II AM 7:55

ARTICLE II PRINCIPAL OFFICE

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

6574 NORTH STATE RD.7 SUITE 220 COCONUT CREEK, FLARIDA 33073-3625

ARTICLE III SHARES

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

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

WILLIAM MARKOWITZ 5520 LYONS RD 4106 COCO WUT CREEK, FLA 33073

ARTICLE V INCORPORATOR

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

BARBARA MARKOWITZ 5520 LYONS RD #106 CoCONUT CREEK, FIA 33073

Barbara Markowst

2-10-97

(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

1-10-97 Date