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(((H98000005247 5)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: MS COLLECTION, INC.

AUDIT NUMBER..... H98000005247

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0

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Secretary of State

March 19, 1998

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SUBJECT: M S COLLECTION, INC.

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ARTICLES OF INCORPORATION

OF

M & COLLECTION, INC.

I the undersigned sole subscriber to these Articles of Incorporation, being a natural person competent to contract, hereby endeavor to establish a Florida corporation for profit.

ARTICLE I.

The name of this corporation shall be: M S COLLECTION, INC.

ARTICLE II.

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SECRETARY OF STATE
TALLAHASSEE FLORID

The corporation may engage in any or all lawful business permitted under the laws of the State of Florida.

ARTICLE III.

The maximum authorized capital stock of this corporation shall be One Thousand Shares (1,000) of common stock with a par value of One dollar (\$1.00) per share.

ARTICLE IV.

The street address of the corporation's initial registered office and principal place of business shall be 2421 Northeast 49th Street, Lighthouse Point, Florida 33064. The name of the corporation's initial registered agent at this address shall be Maria Williams. The principal place of business is 2421 Northeast 49th Street, Lighthouse Point, Florida 33064.

M. LACCLEARY 7441 N.W. 4 St. PIANTATION, FL 33317- 2204 (954) 587- 5445

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ARTICLE V.

This corporation shall be managed by the stockholders of the corporation rather than by a board of directors.

ARTICLE VI.

The sole incorporator is Maria Williams of 2421 Northeast 49th Street, Lighthouse Point, Florida 33064.

EXECUTION

Being the sole incorporator, I hereby execute these Articles of Incorporation.

Jes. Williams

ACKNOWLEDGMENT

In witness whereof, I hereunto set me hand and seal this _____ day of March _____, 1998.

Maria Williams

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HOBOCCO 5247 ACCEPTANCE OF DESIGNATION

Having been named to accept service of process for the above stated corporation as specified in ARTICLE IV., I hereby agree to act in this capacity.

Maria Williams

State of Florida)
County of Broward)

Witness my hand and seal in the County and State aforesaid on the above date.

Notary Public

My commission expires:

My Comm. Expires
Oct. 10, 1989
No. GC 456619

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SECRETARY OF STATE
TALLAHASSEE FLORID