DALE L. BERNSTEIN MICHELLE L. PROCTOR

EDWARD BONCEK*

OF COUNSEL ALSO ADMITTED IN NEW YORK PLEASE REPLY TO MAIN OFFICE:

7637 STATE ROAD 52 BAYONET POINT, FLORIDA 34667

TELEPHONE: (813) 862-4411 FACSIMILE: (813) 862-5152 BRANCH OFFICE:

5308 SPRING HILL DRIVE SPRING HILL, FL 34606 (352) 688-5297

March 20, 1998

VIA AIRBORNE EXPRESS

THE FUND

Attorney's Title and Insurance Fund, Inc.

Leon Branch

660 East Jefferson, Suite 200 Tallahassee, Florida

ATTN: Ms. Jenna Ecklund

Filing Articles of Incorporation for:

SPECIALTY WHOLESALE, INC.

Dear Ms. Ecklund:

Enclosed herewith please find original Articles of Incorporation and Certificate of Designation Registered Agent/Registered Office and one (1) copy of each with regard to the above captioned matter together with a check in the amount of \$15.00 for your services and check in the amount of \$122.50 so that you may file the same with the Secretary of State on Monday, March 23, 1998. Upon filing of the same, please return the file stamped copies to me at your earliest convenience.

I look forward to receiving the file stamped copies from Ξ_{vou}^{ω} . Should you have any questions, please do not hesitate to contact me.

Very Truly Yours

BERNSTEIN, ESQ. DALE L.

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ARTICLE I NAME

The name of this Corporation shall be:

SPECIALTY WHOLESALE, INC.

ARTICLE II PRINCIPAL OFFICE

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

SPECIALTY WHOLESALE, INC. 18401 U.S. HIGHWAY 19 HUDSON, FLORIDA 34667

ARTICLE III CAPITAL STOCK

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

One Hundred (100) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Lisa Gallagher 18401 U.S. Highway 19 Hudson, Florida 34667

ARTICLE V INCORPORATOR

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

Lisa Gallagher 18401 U.S. Highway 19 Hudson, Florida 34667

The undersigned has executed these Articles of Incorporation this

Lisa Gallagher / President

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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:

SPECIALTY WHOLESALE, INC.

2. The name and address of the registered agent and office is:

Lisa Gallagher 18401 U.S. Highway 19 Hudson, Florida 34667

Lisa Gallagher

(date)

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.

Lisa Gallagher

(date)

98 MAR 24 PM 12: 4 SECRETARY OF STATE

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