

(((H98000005907 4)))

TO: DIVISION OF CORPORATIONS

FAX #:

(850) 922-4001

ACCT#:

FROM: HUBCO

104662003400

CONTACT: BRUCE HUBBARD

PHONE: (516)935-3940

FAX #:

(516) 935-3088

NAME: S L F, INC.

AUDIT NUMBER..... H98000005907

DOC TYPE..... FLORIDA PROFIT CORPORATION OR DA

CERT. OF STATUS..1

PAGES.....

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98 MAR 27 AH 7: 55
SECKETARY OF STATE
RALLAHASSEE, FIRMINA

T.A. - 3/24/98

PAGE 03 **H98000005907**

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, herby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SLF, INC.

ARTICLE II PRINCIPAL OFFICE

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

SLF, INC. 521 WEST MEMORIAL BLVD LAKELAND, FL 33815 98 HAR 27 AM 7: 5!
SECRETARY OF STATE

ARTICLE III SHARES

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

1500 SHARES NPV

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

SUSAN FLANNAGAN 521 WEST MEMORIAL BLVD LAKELAND, FL 33815

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940 15169353088

HUBCO

SIGNATURE

PAGE 104

H98000005907

ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SUSAN FLANNAGAN 521 WEST MEMORIAL BLVD LAKELAND, FL 33815

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of March 19 98 .

H98000005907

SIGNATURE

H98000005907

CERTIFICATE OF DESIGNATION OF 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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	SLF, INC.			
The name and address of the registered agent and office is: SUSAN FLANNAGAN Name		SECRETARY OF ST	98 MAR 27 AM 7:	TIF
	521 WEST MEMORIAL BLVD	TATE ORIDA	55	
	(P.O. Box or Mail Drop Box NOT Acceptable)	>		
	LAKELAND, FL 33815 (City / State / Zip)			

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

26, March 1998 (Date)