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NEW FILINGS Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Certificate of FICTITIOUS NAME FICTITIOUS NAME SEARCH	
Annual Report Fictitious Name Name Reservation Ordered By:	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other APR 2 1998	CORP SEARCH DIVISION OF CORPORATION	



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Orson Kravitz, U.S.A., Inc.

ARTICLE II PRINCIPAL OFFICE

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

4812 N.W. 94the Ave. Sunrise, FL 33351

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares

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

Joel R. Camhi, C.P.A. 10100 W. Sample Road, #300 Coral Springs, FL 33065

ARTICLE V INCORPORATOR(S)

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

Vickie Gallagher 4812 N.W. 94th Ave. Sunrise, FL 33351

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 26th day of March of 1998.

Signature

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

- 1. The name of the corporation is: Orson Kravitz, U.S.A., Inc.
- 2. The name and address of the registered agent and office is:

Joel R. Camhi, C.P.A. 10100 W. Sample Road, #300 Coral Springs, FL 33065 98 APR -2 PM 2: 36 SECRETARY OF STATE TAI LAHASSEE, FLORID!

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept 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)

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

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