

ACCOUNT NO. : 072100000032

REFERENCE :

732879

7146328

AUTHORIZATION : Tatuce

COST LIMIT : \$70.00

ORDER DATE: March 9, 1998

ORDER TIME : 9:37 AM

ORDER NO. : 732879-005

CUSTOMER NO: 7146328

700002450247--1

CUSTOMER: Kenneth A. Knox, Esq

KENNETH A. KNOX, ESQ.

Suite 2300, Nationsbank Tower 1 Financial Plaza

Fort Lauderdale, FL 33394

DOMESTIC FILING

NAME:

KID CLOVES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

__ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

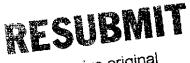
DIVISION OF CORPORATIONS

98 MAR -9 PM 12: 21

March 9, 1998

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: KID GLOVES, INC. Ref. Number: W98000005171



Please give original submission date as file date.

We have received your document for KID GLOVES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden Document Specialist

Letter Number: 098A00012684



ARTICLES OF INCORPORATION

OF

KID GLOVES OF PLANTATION, INC.

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:

KID GLOVES OF PLANTATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
Suite 2300
One Financial Plaza
NationsBank Tower
fort Lauderdale, Florida 33394

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kenneth A. Knox
Suite 2300
One Financial Plaza
NationsBank Tower
Fort Lauderdale, Florida 33394

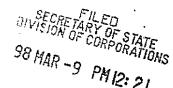
ARTICLE V INCORPORATORISI

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

Kenneth A. Knox, Esquire 10501 Northwest 5th Court Plantation, Florida 33324

The u	ndersigned ir	ncorporator(s) h	as(bave) executed	TUSSE Attracts of incorpora
tv	6 th	day of	March	, 19 98
	<u></u>	Val	Signature	m
		<u> </u>	Signature	
3			Cinada Ma	-

Articles of Incorporation Filing Fee - \$35



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: KID GLOVES OF PLANTATION, INC.
2.	The name and address of the registered agent and office is:
	·
	Kenneth A. Knox (NAME)
	Suite 2300
	One Financial Plaza NationsBank Tower
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Fort Lauderdale, Florida 33394
	(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 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.

Max C. 7(m2 3/6/98 (SIGNATURE) (DATE)

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