FAX #: (850)922-CORPORATIONS TO:

FROM: EMPIRE CORPORATE KIT COMPANY CONTACT: RAY STORMONT

PHONE: (305)541-3694

072450003255

FAX #: (305)541-3770

ACCT#:

NAME: GREAT LAKES OPTIONS OF FLORIDA, INC. AUDIT NUMBER..... H98000008474

BST.CHARGE. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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FLORIDA DEPARTMENT OF STATE Sandra B. Morthsm Secretary of State

May 5, 1998

EMPIRE

SUBJECT: GREAT LAKES OFFICENS OF FLORIDA, INC.

REF: W98000010079

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight Document Specialist FAX Aud. #: H98000008474 Letter Number: 098A00024608

Markey To To The Jake

Division of Corporations - P.O. BOX 6327 - Tallabassee, Florida 22214

→ H98000008474

ARTICLES OF INCORPORATION	တ	
(PRINT [capital letters in black ink] or type)	8	
ARTICLE I - CORPORATE NAME: The name of the Corporation shall be:	Y -5	
Great Lakes Options of Florida, Inc.	<u> </u>	
ARTICLE II - CORPORATE POWERS: The Corporation is organized for the purpose of transacting? any and all business, for which a corporation may be organized in the State of Florida.	2: 23	1
(Profession, if a P.A.: (
ARTICLE III - CAPITAL STOCK: The authorized capital stock of the Corporation shall be 5,000 shares of common stock, with a par value of \$1 per share. The Corporation plans to initially issue 1,000 shares, reserving the balance for subsequent issuance.		
ARTICLE IV - INCORPORATOR/DIRECTOR/REGISTERED AGENT/ADDRESS /PRINCIPAL ADDRESS: IN WITNESS WHEREOF, this is to certify that the undersigned incorporator, who shall also serve as initial director and registered agent, hereby makes, subscribes, acknowledges and files these Articles of Incorporation, in order to form a corporation under the laws of the State of Florida, and hereby accepts designation as registered agent.		
NAME ADDRESS		
(Signature) 4/29/98 8810 Avondale Lane (STREET address)		
Douglas Conley Bayonet Point FL 34567 (Name) (City, State, Zip)		
STATE OF FLORIDA 1		
COUNTY OF BROWARD	199	P
SWORN TO AND SUBSCRIBED before me, this of day of the subscribed before me, this of the subscribed before me, the su		,
Prepared by Martin R. Rappaport CPA PA 4300 N University Dr. B-102 Lauderhill FL 33351 (954)572-6006	# CC #36952	

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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at City of <u>Bayonet Point</u>, County of <u>Posco</u>.

State of Florida has named <u>Douglas Conley</u> located at <u>8810</u>

Avondale Lane, City of <u>Bayonet Point</u>, County of <u>Posco</u>.

State of Florida, as its agent to accept service of process within.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: Words M. Conley
4/28/98 Registered Agent

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98 MAY -5 PM 2: 23
SECRETARY OF STATE
TALLAHASSEE STATE