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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS  
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FROM: RITA SALCINES  
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ACCT#:

CONTACT: RITA M SALCINES  
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FAX #:

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98 JUN 29 AM 8:47  
TALLAHASSEE, FLORIDA

NAME: THE ORCHID KING, INC.

AUDIT NUMBER.....H98000012034

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

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JUN 30 1998

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**ARTICLES OF INCORPORATION**  
**OF**  
**THE ORCHID KING, INC.**

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

FILED  
98 JUN 29 AM 8:47  
P. 2  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE ONE:**

The name of this corporation is: **THE ORCHID KING, INC.**

**ARTICLE TWO:**

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act of the State of Florida.

**ARTICLE THREE:**

The aggregate number of shares which this corporation shall have authority to issue is **ONE HUNDRED (100)** shares of common stock, **ONE (\$1.00) DOLLAR** par value, shall be designated as "Common Shares".

**ARTICLE FOUR:**

Shareholders of this corporation shall have full preemptive rights to acquire unissued or treasury shares of the corporation.

**ARTICLE FIVE:**

The street address of the initial principal office of this corporation is:

**8521 SW 16 TERRACE  
MIAMI, FLORIDA 33155**

and the name and address of the Registered Agent of this corporation is:

**KEVIN T. FOLLIARD  
8521 SW 16 TERRACE  
MIAMI, FLORIDA 33155**

**ARTICLE SIX:**

This corporation shall have one (1) director to constitute its initial Board of Directors. The number of directors of the corporation may subsequently be increased or decreased from time to time according

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THIS DOCUMENT WAS PREPARED BY RITA SALCINES  
(305)443-1872  
2827 SW 18th STREET  
MIAMI, FL. 33145

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to the By-Laws of the corporation, but shall never be less than one (1). The names and addresses of the initial directors of this corporation are:

**KEVIN T. FOLLIARD (President)**  
8521 SW 16 TERENCE  
MIAMI, FLORIDA 33155

**ARTICLE SEVEN:**

The name and address of the Incorporator of this corporation, who is the person signing these Articles is:

**KEVIN T. FOLLIARD**  
8521 SW 16 TERRACE  
MIAMI, FLORIDA 33155

**ARTICLE EIGHT:**

The corporation shall indemnify any Officer or Director, or any former Officer or Director to the full extent permitted by law.

NOW THEREFORE, the undersigned Incorporator has executed these Articles of Incorporation this 27th day of June, 1998.



Kevin T. Folliard, Incorporator

STATE OF FLORIDA)

SS

COUNTY OF DADE )


BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared KEVIN T. FOLLIARD, to me well known to be the person described as the Incorporator in and who, in my presence, executed the foregoing Articles of Incorporation, and who acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the State and County above this 27th day of June, 1998.

My Commission Expires:

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Public - State of Florida

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**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

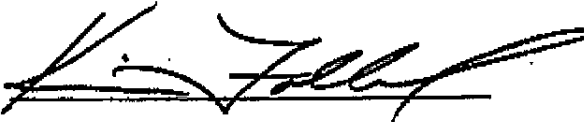
Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

- 1. The name of the corporation is: **THE ORCHID KING, INC.**
- 2. The name and address of the registered agent and office is:

**KEVIN T. FOLLIARD  
 8521 SW 16 TERRACE  
 MIAMI, FLORIDA 33155**

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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: **June 27, 1998**

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