

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN 30 AM 7:41

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Grab, Inc.

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Art of Inc. File cert

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

98 JUN 30 PM 4:17
DIVISION OF CORPORATIONS

Signature

Requested by: ces

Name

Date

Time

Walk-In

Will Pick Up

PP
07-1-98

ARTICLES OF INCORPORATION

OF

GRAB, INC.

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The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is **GRAB, INC.**

ARTICLE II. DURATION

The term of existence of the corporation is perpetual.

ARTICLE III. PURPOSE

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

ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue 10,000 shares of common stock, having a par value of \$1.00 per share.

ARTICLE V. INITIAL PRINCIPAL OFFICE, REGISTERED OFFICE AND AGENT

The principal office, mailing address and initial registered office of this corporation are 1967 Castille Drive, Palm Harbor, Florida 34683, and the name of the initial registered agent of this corporation at that address is William A. Sebastyen, III, who, by executing these Articles, does hereby state that he is familiar with, and accepts, the obligations of the office of registered agent for this corporation.

ARTICLE VI. INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the by-laws but shall never be less than one (1). The names and addresses of the initial directors of this corporation are:

| <u>Name</u> | <u>Address</u> |
|---------------------------|---|
| William A. Sebastyen, III | 1967 Castille Drive Palm Harbor, Florida 34683 |
| Gail E. Sebastyen | 1967 Castille Drive Palm Harbor, Florida 34683 |

ARTICLE VII. INCORPORATOR

The names and addresses of the persons signing these Articles as the Incorporators are:

| | |
|---------------------------|---|
| William A. Sebastyen, III | 1967 Castille Drive Palm Harbor, Florida 34683 |
| Gail E. Sebastyen | 1967 Castille Drive Palm Harbor, Florida 34683 |

ARTICLE VIII. INDEMNIFICATION

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

ARTICLE IX. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 22 day of June, 1998.


WILLIAM A. SEBASTYEN, III, INCORPORATOR

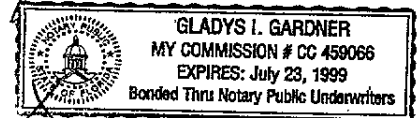

GAIL E. SEBASTYEN, INCORPORATOR


WILLIAM A. SEBASTYEN, III, REGISTERED
AGENT

STATE OF FLORIDA)
) ss:
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 22nd day of JUNE, 1998, by WILLIAM A. SEBASTYEN, III.

Gladys I. Gardner
Notary Public Name: GLADYS T. GARDNER
State of Florida at Large
My commission expires:



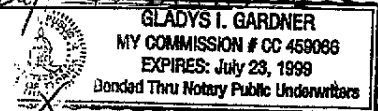
Personally known: _____ OR Produced I.D.: _____

Type of Identification Produced: FL. DRIVER'S LICENSE

STATE OF FLORIDA)
) ss:
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 27th day of JUNE, 1998, by GAIL E. SEBASTYEN.

Gladys I. Gardner
Notary Public Name: GLADYS T. GARDNER
State of Florida at Large
My commission expires:



Personally known: _____ OR Produced I.D.: _____

Type of Identification Produced: FL. DRIVER'S LICENSE

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