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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305) 599-0839

FAX #: (305)716-0346

NAME: TROPICAL DREAMS OF SOUTH FLORIDA, INC.

AUDIT NUMBER...... H98000013205

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

CERT. OF STATUS..1

PAGES..... 3

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SECRETARY OF STATE
TALL ALLASSEE EL CORRETA

ne 7/16/98

ARTICLES OF INCORPORATION OF

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

ARTICLE I NAME

The name of the corporation shall be:

Tropical Dreams of South Florida, Inc. The principal place of business of this corporation shall be:

8509 NW 7th Street, Miami, FL 33126

ARTICLE II NATURE OF BUSINESS.

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

1,000 Shares ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Charles R. Dorway 8509 NW 7th Street Miami, FL 33126

Karen L. Dorway 8509 NW 7th Street Miami, FL 33126

Prepared by: Karen Dorway (305)267-5026 8509 NW 7th St. Miami, FL 33126 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATOR(S)

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

Charles R. Dorway 8509 NW 7th St. Miami, FL 33126 Karen L. Dorway 8509 NW 7th St. Miami, FL 33126

Signature(s) of Incorporator(s)

Baren A Lmay

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:			
Tropical Dreams of South Florida, Inc.			
2. The name and address of the registered agent and office is:			
Karen Dorway, 8509 NW 7th St., 457 65, 19, 23125			
(P.O. BOX NOT ACCEPTABLE)			
Miami, FL 33126			
(CITY/STATE/ZIP)			
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	96	罗王	DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

DATE JULY 15, 1998