CAPITAL CONNECTION, INC.

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

Signature

Requested by:

Will Pick Up _

Name

Walk-In _

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ARTICLE OF INCORPORATION OF

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BOCA C, INC

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

ARTICLE I NAME

The name of the corporation shall be:

BOCA C, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

8693 JASMINE WAY BOCA RATON, FL 33434

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registration agent

LILA DAVIS 8693 JASMINE WAY # D BOCA RATON FL 33496 COCONUT CREEK FL 33066

ARTICLE V INCORPORATOR(S)

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

LILA F. DAVIS: 8693 JASMINE WAY # D, BOCA RATON FL 33496 COCONUT CREEK, FL 33066

The undersigned incorporator (s) has (have) executed these Articles of Incorporation to be effective on AUGUST 16, 1998

LILA F. DAVIS PRESIDENT

VICE -PRESIDENT

SECRETARY

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:

BOCA C

, INC

2. The name and address of the registered agent office:

LILA F. DAVIS: 8693 JASMINE WAY # D

BOCA RATON FL 33496

Having been made as registered agent and to accept service of process for the above stated corporation at the designated in this certificate, I hereby accept the appoinment as registered agent and agree to act in this capacity. I further agree to comply with 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.

Signature

08/07/98 Date

SECRETARY OF STATE