19800018388 TRANSMITTAL LETTER

DIVISION OF CORPORATIONS

98 SEP -4 PM 3: 52

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Ніся 5, Со.
	(Proposed corporate name - must include suffix) 100026325513 -09/04/9801100008 *****78.75 *****78.75
Enclosed is an origin for : \$70.00 Filing Fee	\$78.75 \$122.50 \$131.25 Filing Fee & Certificate & Certified Copy & Certificate Additional Copy Required
FROM	SAMUEL D. LEE Name (printed or typed) 50/4 E. Busch Blvd. SuiTE 103 Address TAMPA / FL 336/4 City, State & Zip (813) 899-1109 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION ON SECRETARISED 98 SEP -4 PM 3: 52

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

ARTICLE I NAME

The name of the corporation shall be:

HIGH 5, Co.

ARTICLE II PRINCIPAL OFFICE

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

5014 E. Busch Blvd., Suite 103

ARTICLE III SHARES

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

(DO SHAREY

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

TAMPA, FL 33614

SAMUE L D. LEE

5014 E. Busch Blud., # Suite 103

TAMPA, FC 33614

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

ST day of SEPTEMBER	, 19 <u>_98</u>
A. a	
Tours .	PRESIDENT Signature
	Ţ.
	Signature
,	oigimuic
•	Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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 corporatio	nis: HIGH 5, Co.		
2. The name and address of the registered agent and office is:				
		SAMUEL D. LEZ (NAME)		
		(NAME)		
	<u></u>	文性 E. Busch Blud Suite 103 (P.O. Box or Mail Drop Box <u>NOT</u> ACCEPTABLE)		
		(CITY/STATE/ZIP)		

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

Sep 1/1998

(DATE)