

TRANSMITTAL LETTER

P9800000 86951

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

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-10/09/98--01057--005
****122.50 *****78.75

SUBJECT: The Scarfo Group, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:

Elaine Ann Scarfo

Name (Printed or typed)

1620 NW 111th Ave

Address

Coral Springs FL 33071

City, State & Zip

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -9 AM 8:39

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

B. BROCK OCT 12 1998

ARTICLES OF INCORPORATION

of

THE SCARFO GROUP, INC
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

THE SCARFO GROUP, INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500.00 of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

| | | | |
|---------|----------------------------|---------|------------------|
| NAME | <u>ELAINE ANN SCARFO</u> | | |
| ADDRESS | <u>1620 NW 11TH AVENUE</u> | | |
| CITY | <u>CORAL SPRINGS</u> | FLORIDA | ZIP <u>33071</u> |

The name and street address of the Initial Registered Agent of this Corporation is:

| | | | |
|---------|----------------------------|---------|-----|
| NAME | <u>MICHAEL B. HOLDEN</u> | | |
| ADDRESS | <u>212 S.E. 8TH STREET</u> | | |
| CITY | <u>FORT LAUDERDALE</u> | FLORIDA | ZIP |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) 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 director(s) of the corporation are as follows:

| | | | |
|---------|----------------------------|-----------------|------------------|
| NAME | <u>ELAINE ANN SCARFO</u> | | |
| ADDRESS | <u>1620 NW 11TH AVENUE</u> | | |
| CITY | <u>CORAL SPRINGS</u> | STATE <u>FL</u> | ZIP <u>33071</u> |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | | |
|---------|---------------------|-------|---------|
| NAME | ELAINE ANN SCARFO | | |
| ADDRESS | 1620 NW 11TH AVENUE | | |
| CITY | CORAL SPRINGS | STATE | FLORIDA |
| | | ZIP | 33071 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | |
| | | ZIP | |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | |
| | | ZIP | |

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 8th day of October, 1998.

Elaine A. Scarfo (Seal)

____ (Seal)

____ (Seal)

STATE OF FLORIDA)

COUNTY OF BROWARD) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Elaine A. Scarfo
Signature

FLM-561020142879
Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 8th day of OCTOBER, 1998.

Donna Holloway
Notary Signature

Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

THE SCARFO GROUP, INC
(name of corporation)

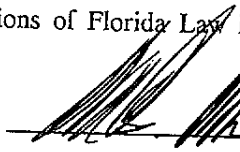
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at MICHAEL B. HOLDEN, P.A.
212 SE 8th STREET FORT LAUDERDALE, FL

has named MICHAEL B. HOLDEN
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)

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