TRANSMITTAL LETTER

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

| inclosed is an original ar | nd one(1) copy of the arti | cles of incorporation and a c | check for : | |
|----------------------------------------------------------|----------------------------------|-----------------------------------------|-----------------------------------------------------|---------------------|
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | S122.50 Filing Fee & Certified Copy | Ex\$131.25 Filing Fee, Certified Copy & Certificate | , |
| | | ADDITIONAL CO | PY REQUIRED | |
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

GEORGE KlINE INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

AS ACT 22 AM IO: 13

ARTICLE II PRINCIPAL OFFICE

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

4210 Russede St. TEQUESA PL. 33469

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Virginia KliNe

4210 Russell SI. Tequesta, Fl 33469

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

George KLINE INC. 4210 RUSSERSH TS QUESTA FC. 33469

Signature/Incorporator

16/19/98

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date