

CLARK & ASSOCIATES

901 MARTIN DOWNS BLVD. SUITE 300
PALM CITY, FL 34990

19800096321

TO: Lora Poole FROM: Steven Clark

COMPANY: Florida Department of State, Division of Corporations DATE: 11/16/98

FAX NUMBER: 850-487-6897 TOTAL NO. OF PAGES INCLUDING COVER: 6

PHONE NUMBER: 580-487-6934 SENDER'S REFERENCE NUMBER:

RE: Island Time Enterprises, Inc. YOUR REFERENCE NUMBER:

98 NOV 16 PM 2:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

X URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

300002691083-3
-11/19/98--01004--004
*****78.75 *****78.75

Dear Lora,

Thanks again for bailing me out of a jam, in the following pages you will find a copy of the incorporation paperwork for **Island Time Enterprises, Inc.** If there are any problems please give me a call at 561-283-7364. If possible please fax me a copy of the articles to the fax number shown below. Thank you again for all your help.

Until next time

Your friend,

[Signature]
Steve Clark

Clark & Associates

11/19

I will over-night the originals Today thanks Again

PHONE: 561-283-7364
FAX: 561-283-9977

TRANSMITTAL LETTER

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

SUBJECT: Island Time Enterprises, 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

^{78.75}~~\$122.50~~
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Judy Barth
Name (printed or typed)

944 Breakwater Ave
Address

Port, St Lucie, FL 34983
City, State & Zip

(561) 283-7388
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED
98 NOV 16 PM 2:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Island Time Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*944 Breakwater Ave
Port St. Lucie, FL 34983*

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Judy Barth
944 Breakwater Ave
Port St. Lucie, FL 34983*

ARTICLE V INCORPORATOR(S)

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

HAROLD BARTH
944 BREAKWATER AVE
PORT ST LUCIE, FLA. 34983

JUDY BARTH (P)
944 BREAKWATER AVE
PORT ST LUCIE, FLA. 34983

DAN STERNBERG
1674 SE CLEARMONT
PORT ST LUCIE, FLA. 34983

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

13th day of Nov, 19 98.

X Judy Barth
Signature

X Harold Barth
Signature

X [Signature]
Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 corporation is: Island Time Enterprises, Inc.

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

JUDY BARTH

(Name)

944 BREAKWATER AVE

(P.O. Box not acceptable)

PORT ST LUCIE, FLA 34983

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

98 NOV 16 PM 2:52

FILED

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.

X Judy Barth
(Signature)

11-13-98
(Date)