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TRANSMITTAL LETTER

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

200002681042-2
-11/05/98-01020-024
*****75.00 *****75.00

SUBJECT: WILDCAT, INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 75.00.

FROM: JOHN P. IZZO & ASSOCIATE, INC.
Name
180 NORTH INDIANA AVENUE
Address
ENGLEWOOD, FLORIDA 34223
City, State, & Zip
(941) 475-7617
Telephone Number

98 NOV 19 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Note: Additional copy of articles is needed only when certified copy is requested.

NOV 24 1998

NOV 6 1998

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 9, 1998

JOHN P. IZZO & ASSOCIATES, INC.
180 NORTH INDIANA AVENUE
ENGLEWOOD, FL 34223

SUBJECT: WILDCAT, INC.
Ref. Number: W98000025251

We have received your document for WILDCAT, INC. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 798A00054255

ARTICLES OF INCORPORATION
OF
WILDCAT OF SW FLORIDA, INC.

FILED
98 NOV 19 AM 8:23
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:

WILDCAT OF SW FLORIDA, INC.

ARTICLE II PRINCIPLE OFFICE

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

**2525 No. Beach Road
Englewood, Florida 34223**

ARTICLE III CAPITAL STOCK

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

Five Hundred (500) Shares

ARTICLE IV INITIAL REGISTERED AGENT

The name and address of the initial registered agent shall be:

**John P. Izzo
180 No. Indiana Avenue - Suite #5
Englewood, Florida 34223**

ARTICLE V INCORPORATORS

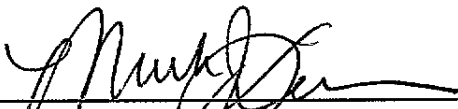
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

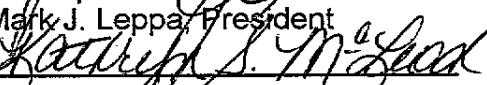
Mark J. Leppa
2525 No. Beach Road
Englewood, Florida 34223

Kathryn S. McLeod
2525 No. Beach Road
Englewood, Florida 34223

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

3RD day of November, 19 98.



Mark J. Leppa, President


Kathryn S. McLeod, Secy/Treas.

CERTIFICATE OF DESIGNATION
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 corporation is:

Wildcat of SW Florida, Inc.

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

John P. Izzo
180 No. Indiana Avenue - Suite #5
Englewood, Florida 34223

Signature: _____

Title: President

Date: 11-3, 1998

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 PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: _____

Date: 11-3, 1998

REGISTERED AGENT FILING FEE: \$ 35.00

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F-11-30
SECRETARY OF STATE
TALLAHASSEE FLORIDA