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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

INTEK, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

INTEK, INC.

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 this corporation shall be:

INTEK, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE II. PRINCIPAL OFFICE

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

5802 Tyler Street  
Hollywood, Florida 33021

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares at \$5.00 per share.

PREPARED BY:

H. ALLAN TUCKER, ESQUIRE  
5802 Tyler Street  
Hollywood, Florida 33021  
Phone: (954) 981-7171  
P.O. 22/04 305 541 3770

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**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: INTEK, INC.

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

JOHN LASRY  
(NAME)  
5802 Tyler Street  
(P.O. BOX NOT ACCEPTABLE)  
Hollywood, Florida 33021  
(CITY/STATE/ZIP)

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SIGNATURE [Signature]  
JOHN LASRY  
TITLE PRESIDENT  
DATE FEBRUARY 5, 1999

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 [Signature]  
JOHN LASRY  
DATE FEBRUARY 5, 1999

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