PAGOOOD 2 STATE TALL ALLASSEE, FLORIDA

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

(Proposed corporate name - must include suffix) 500002798125—2 -03/08/99-01130-007 *****87.50 *****87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$87.50 **\$78.75** \$70.00 \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED City, State & Zip Daytime Telephone number

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under Business Corporation Act, hereby adopts the following Articles of Incorporation	
ARTICLE I NAME The name of the correction shall be.	99 MAR -8 PM 2: 35
The name of the corporation shall be: \(\square G \in \square 7 \)	TALLAHASSEL, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation sh	.,,,,
1690 NW 815 WAY, PLANTATION	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have	outstanding at any one time is:
ONE THOUSAND (1,000) SHARES HAVING PAR VALUE OF ONE DOLLAR	OF COMMON STOCK
ARTICLE IV INITIAL REGISTERED AGENT AND STR. The name and Florida street address of the initial registered agent are:	
MICHAEL 6 GARVEY - 1690 Nu	1815LW44 N FL 33322
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporat	
MICHAEL G-GARVEY-1690M	1815WAY, Plantation A
MARJORIE A. LEMER - 4182 TH	TL 33026
Signature/Incorporator	2.19.99 Date
	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 s certificate, I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relating to the proper and complete performance of my a obligations of my position as registered agent	is capacity. I further agree to comply with the uties, and I am familiar with and accept the
Signature/Registered Agent	Z-19.99
organistic register of Agent	Date