TRANSMITTAL LETTER

Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Spoon Bending Concepts, Inc. (Proposed corporate name - must include suffix) 900002830079 -04/06/99--01007--007 *****87.50 *****87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 □ \$78.75 **□** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Gaetano P. Crociata Name (Printed or typed) FROM: Tampa, Florida 33603 City, State & Zip

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

Daytime Telephone number

813-254-1919#107

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation Act, hereby adopts the following Articles of	oration under the Florida fIncorporation.	:	
ARTICLE I NAME		_ _	ž Š
The name of the corporation shall be:		- 39 APR	SORE
Spoon Bending Concepts, Inc.		- J	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this co	orporation shall be:		OF STATI
c/o Mohr Partners 710 South Howard Avenue Tampa, Florida 33606 ARTICLE III SHARES			n 0;
The number of shares of stock that this corporation is authori 100 shares @ \$1.00 per share	zed to have outstanding	at any one time	is:
ARTICLE IV INITIAL REGISTERED AGENT AT The name and Florida street address of the initial registered at	AND STREET ADDI	RĒSS	
Gaetano P. Crociata 419 Louisiana Avenue Tampa, Florida 33603 ARTICLE V INCÓRPORATOR The name and address of the incorporator to these Articles of			
Gaetano P. Crociata 419 Louisiana Avenue Tampa, Florida 33603	in the orporation are.		
Signature/Incorporator	3/17/9	g Date	
(An additional article must be added if a	un effective date is reque	sted.)	
Having been named as registered agent and to accept service of process this certificate, I hereby accept the appointment as registered agent and othe provisions of all statutes relating to the proper and complete performability of my position as registered agent	geree to act in this canacity	I fürther caree to	a a mana Turrica da Tu