		-	- / '	F
Date 4/27/99 Series	der's FedEx Account Number 2304-7797-	3		
Sender's Andrea			- - E	
Company JENNIE ROSA	Phone (95	4/724-8310		-
			, <u></u>	· ·
Address 7310 W MCNA	B RD STE 207	Dept/FloorSuite/Room	<u></u>	·
City TAMARAC	State FL ZIP 3	3321	Office Use On	l y
	TION NAME(S) & DOCUM	IENT NUMBER(S),	(if known):	
-		5	20000285	57382
1	Fish, INC.	(Document #)	-04/29/99	301118004 00-**** **70.00
2		(Document #)	alexistence i f	(II) and an and a full of a full
<i>L</i>	(Corporation Name)	(Document #)	·	· ·, ·
3		, -		
	(Corporation Name)	(Document #)		
4	(Corporation Name)			
Walk in	Pick up time	_	ertified Copy	s No
Mail out	Pick up time Will wait	hotocopy	ertified Copy ertificate of Status	DIVISION O 99 APR
Mail out	 Pick up time Will wait P AMENDMENT 	hotocopy		DIVISION OF CC 99 APR 29
Mail out NEW FILINGS Profit		hotocopy Ce		PI ORI
Mail out NEW FILINGS Profit NonProfit		Ce Photocopy □ Ce S Officer/Director		PI ORI
Mail out NEW FILINGS Profit NonProfit Limited Liability		Ce Photocopy Ce Ce Cflicer/Director d Agent		PI ORI
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication		Ce Photocopy Ce Ce Cflicer/Director d Agent		<u> </u>
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other		Ce Photocopy Ce Ce Cflicer/Director d Agent		PI ORI
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication		Photocopy Ce Ce Ce Ce Ce Ce Ce Ce Ce Ce		PI ORI
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other		Photocopy Ce Ce Ce Ce Ce Ce Ce Ce Ce Ce		PI ORI
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILIN	Pick up time Will wait Provide the provided state of the provided stat	Photocopy Ce Ce Ce Ce Ce Ce Ce Ce Ce Ce		PI ORI
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILIN Annual Report	Pick up time Will wait Pick up time Will wait Pick up time Pick up	Photocopy Ce Ce Ce Ce Ce Ce Ce Ce Ce Ce		PI ORI
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILIN Annual Report Fictitious Name	Pick up time Will wait Pick up time Will wait Pick up time Pick up	Photocopy Ce Ce Ce Ce Ce Ce Ce Ce Ce Ce		PI ORI
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILIN Annual Report Fictitious Name	Pick up time Will wait Pick up time Will wait Pick up time Pick up	Photocopy Ce Ce Ce Ce Ce Ce Ce Ce Ce Ce		PI ORI

ARTICLES OF INCORPORATION OF

D. FISH, INC. The undersigned incorporator(s), for the purpose corporation under the Florida Business Corporat: adopt(s) the following Articles of Incorporation	ion Act, here	a
ARTICLE I NAME		DIVISION OF 99 APR
The name of the corporation shall be:		29 RYOR
D. FISH, INC.	· · · · ·	PORATIONS

- -

_---.

:

ARTICLE II PRINCIPAL OFFICE

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

4900 NW 92 TERRACE CORAL SPRINGS, FLORIDA 33067

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 = -----

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent $\underline{\mathfrak{I}}\mathfrak{s}\mathfrak{s}\mathfrak{s}$

.

DAVID L. FISH 4900 NW 92 TERRACE CORAL SPRINGS, FLORIDA 33067

B. Officers:					
President:	DAVID L. FISH				 -
Address:	4900 NW 92 TERRACE	e	<u></u>		
	CORAL SPRINGS,	, Flo	or <u>îda</u>	33067	 • ·
Vice President:	DARLA K. FISH		- <u> </u>		
Address:	4900 NW 92 TERRACE		- 		 · · · ·
	CORAL SPRINGS,	, Fle	or <u>ida</u>	33067	
Secretary:					 · • • • • • • •
Address:		· · · ·			 <u></u>
		, F1<	<u>orida</u>		
Treasurer:			-		
Address:					
		, F1a	<u>irida</u>	······	 486. 19 ⁻

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name:	DAVID L. FISH	;	
Office Address:	4900 NW 92 TERRACE	·	··· ·
	CORAL SPRINGS,	, FLORIDA 33	067
		.Zio Co	de =

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature:

14.

DAVID L

- 12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. (Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

(Name and capacity of person signing application)

ARTICLE V - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME	DAVID L. FISH		= ,	
ADDRESS	4900 NW 92 TERRACE			÷.
CITY	CORAL SPRINGS,	STATE_FLORIDA	ZIF33067	· ·
NAME	DARLA K. FISH			
ADDRESS	4900 NW 92 TERRACE			-
CITY	CORAL SPRINGS,	STATE FLORIDA	ZIF 33067	
NAME	- <u>-</u>		÷.	

14631 11-					
ADDRESS			· =		
CITY		STATE		<u></u> IP <u> </u>	
	-			-	

(Seal) (Seal)

(Seal)

STATE OF FLORIDA SS

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared DAVID L. FIS & DARLA K. FISH

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that \underline{THEY} executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this $1 - d_{AY}$ of MARCH , 19.99

tonu (Notary Public, State of Flb) ida at large)

(Notary_Séal)

My Commission expires:



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:	- · · ·	·	- 12 - 121
	D. FISH, INC.		•	

0

2. 1	The name and address of the registered agent and office is in the registered agent agent and office is in the registered agent agent and office is in the registered agent	
-	DAVID L. FISH (NAME)	
	4900 NW 92 TERRACE	
-	(P.O. BOX NOT ACCEPTABLE)	
	CORAL SPRINGS, FLORIDA 33067	
-	(CITY/STATE.ZIP)	
	al and	
	SIGNATURE	
	(Corporate of ficer) TITLE	зŤ.
	DATEMARCH 1, 1999	<u> </u>

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

10 SIGNATURE DATE

REGISTERED AGENT FILING FEE: "\$35.00 T