## P99000041496 (SAMPLE LETTER OF TRANSMITTAL)

DATE

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

100002861071--4 -05/03/99-01141--005 \*\*\*\*122.50 \*\*\*\*\*78.75

Re: MEGIDDO CORP., Inc.

## Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

SHMUEL MEGIDDO (Individual's Name)

SECHEMASSEEFLEATOR

MEGIDDO CORP
(Name of Corporation)

MAILING ADDRESS OF CORPORATION—

GHS I APPALOOSA TRAIL

FT. LAUDERDALE

FL PHONE 33330

(954) 6299353

Area Code Number Ext.

B. BROCK MAY

7 1999

## ARTICLES OF INCORPORATION

of

MEGIDDO CORP

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - COI	RPORATE NAME	
The name of the corporation is:	_	
MEGIDDO	CORP.	
		SE SE
ARTICLE II -	- DURATION	
This corporation shall exist perpetually unless dissolved ac	cording to Florida law	
This corporation shall exist perpetually unless disserved de	coloning to 1 tollad latt.	
ARTICLE III	- PURPOSE	06
The corporation is organized for the purpose of engaging is United States and the State of Florida.	n any activities or business permit	tted under the laws of the
The corporation is authorized to issue 500 shares of	CAPITAL STOCK of common stock, par value \$ 1	(ONC) per share.
The street address of the initial principal office and, if diffe	C PRINCIPAL OFFICE erent, the mailing address is:	
STREET ADDRESS		
6451 APPALOOSA TRAIL		. •
7,	· · · · · · · · · · · · · · · · · · ·	0.000
CITY FT. LAUDERDALE	FLORIDA	ZIP <u>33</u> 330
7,	FLORIDA	ZIP <u>33</u> 330
CITY FT. LAUDERDALE	FLORIDA	ZIP <u>3333</u> 0
CITY FT. LAUDER DALE  Mailing address, if different	FLORIDA	ZIP <u>3333</u> 0
CITY FT. LAUDER DALE  Mailing address, if different	FLORIDA FLORIDA	ZIP <u>3333</u> 0
CITY FT. LAUDER DALE  Mailing address, if different  STREET ADDRESS  CITY		ZIP
CITY FT. LAUDER DALE  Mailing address, if different  STREET ADDRESS  CITY	FLORIDA STERED OFFICE AND AGEN	ZIP
CITY FT. LAUDER DALE  Mailing address, if different  STREET ADDRESS  CITY  ARTICLE VI - INITIAL REGIS	FLORIDA STERED OFFICE AND AGEN	ZIP
CITY FT. LAUDER DALE  Mailing address, if different  STREET ADDRESS  CITY  ARTICLE VI - INITIAL REGIS  The street address of the initial registered office and	FLORIDA STERED OFFICE AND AGEN	ZIP

	ONE ) directors initially. The Laws, but shall never be less that follows:	
NAME SHMUEL MEGIDDO		
ADDRESS (045) APPALOOSA TR		
CITY FT. LAUDERDALE	STATE FL	ZIP 23330
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTICLE V. The names and addresses of the incorporators signing these	III - INCORPORATORS se Articles of Incorporation are as	follows:
NAME SHAUEL MEGIDDO		
ADDRESS 6451 APPALOOSA T	RAIL	
CITY FT. LAUDERDALE	STATE FL	ZIP 33330
NAME		
ADDRESS	- 3	
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these day ofAPRIL	, 19 <u>99</u>	
	Sami Megida	(Signature)
		(Signature)
		(Signature)

PAGE 2

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

		ALE S	
			-
MEGIDDO	CORP	LS O	
	(name of corporation)	06	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at _	6451	APPA	7L005	SÁ TRAIL	<del></del>		
F	T. LAUD	ERDALE	FL.	<u> </u>			_
has	named	SHMUGI	L ME	61000			

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.