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

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		•	*米米米米(13。(15 *******
SUBJECT: _ARW	VENTURES, INC. (Proposed corp	orate name - must include suf	ffix)
Enclosed is an origina	al and one(1) copy of the articl	es of incorporation and a	check for :
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUIRED
FROM:	ARLENE ROSE-MARIE WI Name (1		
	723 NE 12 Avenue	Address	99 JUL - SECRETARY TALLAHASS
		33060-6523 , State & Zip	

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

Daytime Telephone number

(954) 785-7305

ARTICLES OF INCORPORATION

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 the corporation shall be:

ARW Ventures, Inc.,



ARTICLE II PRINCIPAL OFFICE

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

Place of Business: 723 NE 12th Avenue Pompano Beach, FL 33060

PO Box 132 Pompano Beach

33061-0132

ARTICLE III SHARES

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

100 shares of COMMON STOCK valued at \$1.00 per share.

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Arlene Willis (Registered Agent)

723 NE 12th Avenue

Pompano Beach, FL 33060-6523

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Arlene Willis

723 NE 12th Avenue

Pompano Beach, FL 33060-6523

Signature/Incorporator

June 30, 1999

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 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/Registered Agent

Date