OFFICE: 561-833-3995 915 NORTH DIXIE HIGHWAY 561-833-1013 FAX: WEST PALM BEACH, FL 33401 Florida Department of State Wanda Cunningham

Dear Ms. Cunningham:

Division of Corporations

Tallahassee, FL 32399

VIA Federal Express

September 2, 1999

409 E. Gaines

Attention:

Ally, Inc. of West Palm Beach

Enclosed please find the original and one set of the Articles of Incorporation, together with our 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.

As discussed, can you please process as soon as possible and call us with the new number.

Thank you for your assistance.

Sincerely,

Edward J. Carrelli

Alley, Inc.

DOC. EXAM

ARTICLES OF INCORPORATION

ALLY, INC. of West Palm Beach

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 -	CORPORATE NAME	
The name of the corporation is:	ALLY,	INC. of Wes	st Palm Beach
			,,
	ARTICL	E II - DURATION	
This corporation shall exist perp	petually unless dissolve	ed according to Florida law.	
•	ARTICL	E III - PURPOSE	
The corporation is organized fo Inited States and the State of Florida	r the purpose of engag	ing in any activities or business	s permitted under the laws of the
	ARTICLE I	V - CAPITAL STOCK	
The corporation is authorized to			e \$ <u>/.00</u> per share.
	- 14	•	••
,	ARTICLE V - INI	TIAL PRINCIPAL OFFICE	
The street address of the initial			s:
STREET ADDRESS 915	N. DIXIE	HIGHWAY	
CITY WEST PALM	BEAC H	FLORIDA	ZIP 33 <i>40 l</i>
Mailing address, if different			
STREET ADDRESS			
CITY		FLORIDA	ZIP
, ARTI	CLE VI - INITIAL RI	EGISTERED OFFICE AND A	AGENT
The street address of the init	ial registered office	and the name of the initial re	gistered agent at the office is
	ENTICE		
ADDRESS 9/5 N.	DIXIE HIGH	HWAY.	
	N. mari		ZIP 33401

This corporation shall have(directors, but shall ne	ors initially. The num	aber of directors may be (1). The names and
NAME			-
ADDRESS			
CITY	STATE		ZIP
NAME			
ADDRESS			
CITY	STATE		ZIP
NAME			
ADDRESS			
CITY	STATE		ZIP
The names and addresses of the incorporators signing these Andrews NAME FOWARD J. CARRELLI	··· · · · · · · · · · · · · · · · · ·		/s:
	inial		·
	STATE	TIPLIDA	ZIP 33.401
CITY WEST PALM BEACH	OTALD	7204.54	
NAME LESLIE SIIRA JR. ADDRESS 915 N. BIXIE HIGHW	iol		
CITY WEST PALM BEACH	STATE	FLORIDA	ZIP 33401
NAME			
ADDRESS	STATE		ZIP
CITY		tion thin	2 nd
The undersigned incorporator(s) have executed these Ar	19 <u>99</u>	poration this	
Gay of		. 1- //	- 1 1
Both personally known to me, no and day Sept, 1999 Claime Mentice	Televan	Man	(Signature)
Claire Mintree	Listie >	h Sina y	(Signature)
ELAINE PRENTICE MY COMMISSION # CC 708741 EXPIRES: January 15, 2002- 1-800-3-NOTARY Fig. Notary Service & Bonding Co.			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to Flor	rida Statutes Sec	ctions 48.091 an	d 607.0501, the fo	llowing is subm	itted:
The above corp	oration, organiz	ed under the lav	vs of the State of F	Torida with its re	egistered offic
as indicated in t	the Articles of I	ncorporation			
at91.	5 N. 0/X	E HIGH	WAY		
			FLORIDA	33401	
has named	Elaine	Prentice			
located at the at	foresaid address	, as its registere	d agent to accept s	service of proces	s within this

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.

Jaine Monthoe
(Signature)

Soft 2/9

state.