CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

ARTICLES OF INCORPORATION

FILED 95 FEB 17 PM 12: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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VESTINOS, INC.

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 VESTINOS, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 6475 Central Ave., St. Petersburg, FL.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of one dollar (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Serena Barden, 411 Oriole Circle, Palm Harbor, FL 34683.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the member of the initial Board of Directors and sole officer of the corporation is Serena Barden, 411 Oriole Circle, Palm Harbor, FL 34683.

The undersigned has executed these Articles of Incorporation this 17th day of February, 1995.

Capital Connection, Inc.

Barbara Neeley - President

Incorporator

CERTIFICATE OF DESIGNATION REGISTERED ACENT/RECISTERED OFFICE 95 FEB 17 PM 12: 38

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501. Plorida Statutes, the mentioned corporation, organised under the 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	of the corpo	ration is:	Vesti	inos,I	nc.
2. The name office is:	and street Seven	addrage of	the regi	stered	agent and
	411	Oriole (Sircle		
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE THIS CERTIFICATE, I HEREBY ACCEPT THE DESIGNATED IN APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM PAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Serena & Barden