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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
03 AUG 19 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

adapt to your needs, inc.

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 19, 2003

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ADAPT TO YOUR NEEDS, INC.
REF: W03000023501

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

FAX Aud. #: B03000255749
Letter Number: 503A00046906

CERTIFICATE OF INCORPORATION

ARTICLES OF INCORPORATION FOR

ADAPT TO YOUR NEEDS, INC.

We the undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation privileges, and immunities of a corporation for profit, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

ADAPT TO YOUR NEEDS, INC.

ARTICLE II

The corporation may engage in any activity of business permitted under the laws of the United States of Florida.

ARTICLE III

The corporation is authorized to issue one hundred (100) shares of \$10.00 par value Common Stock, which shall be designated "Common Shares" shares of Common Stock by both the president and vice-president. Stocks will have no value if not signed by the president and vice-president.

ARTICLE IV

The amount of capital with which this corporation will begin business shall not be less than one Thousand (\$1000.00) dollars.

*Prepared by: Giovanni Castellanos
Vares Inc.
1688 Coral Way
Miami Fl. 33145
Tel: 305-285-8868 Fax: 305-285-6886*

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TALLAHASSEE, FLORIDA

ARTICLE V

This corporation is to have perpetual existence.

ARTICLE VI

The principal office of this corporation shall be:

**P. O. BOX 160008
MIAMI, FL 33116**

ARTICLE VII

The number of the Board of Directors of the Corporation shall not be less than one person. The names and post office addresses of the First Board of Directors, who subject to the provisions of the Certificate of Incorporation, the By-laws and the Acts of Legislature, shall hold office for the Corporation, are:

**CHRIS BRANCA
1688 CORAL WAY
MIAMI, FL 33145**

PRESIDENT


**ZOE BRANCA
P. O. BOX 160008
MIAMI, FL 33116**

VICE-PRESIDENT

The Board of Directors will be able to utilize all powers granted them by law in order to direct the Corporation as they see fit.

We, the undersigned, being each and all of the original subscribers to the capital stock herein above named for the purpose of forming a corporation for profit to do business, both within and without the State of Florida, do hereby declaring and certifying that the facts herein stated are true, and so respectively agree to abide by the Articles as herein stated.

Subscribed at Miami, Dade County, Florida, this 14TH day of August of the year 2003


CHRIS BRANCA
PRESIDENT


ZOE BRANCA
VICE-PRESIDENT

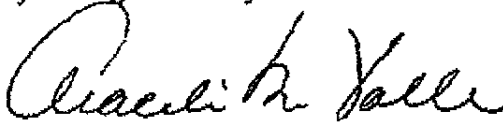
STATE OF FLORIDA)
) SS
COUNTY OF MIAMI-DADE)

Before me, the undersigned authority, duly authorized to administer oaths and receive acknowledgments, personally appeared

CHRIS BRANCA

Who, after being duly sworn by me, depose and say that he signed the above and foregoing Certificate of Incorporation for the purposes therein set forth.

WITNESS my hand and official seal, at Miami, Dade County, Florida, this 14TH day of August of the year 2003.



ARACELI M. VALLE
Notary Public,
State of Florida at Large



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**CERTIFICATE OF ACKNOWLEDGMENT
OF REGISTERED AGENT
FOR SERVICE AND PROCESS WITHIN THE
STATE OF FLORIDA**

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

That: ADAPT TO YOUR NEEDS, INC.

*Is qualified to do business under the laws of the State of Florida, with its
REGISTERED OFFICE at:*

1688 CORAL WAY
MIAMI, FL 33145

And has appointed: CHRIS BRANCA

As it's agent to accept services of process within the State.

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TALLAHASSEE, FLORIDA

ACKNOWLEDGMENT

Having been named as Registered Agent to accept service of process for the above stated Corporation at the place designated in the Certificate. I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping office said office.


CHRIS BRANCA, Registered Agent

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