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Florida Department of State

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Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

FLORIDA NON-PROFIT CORPORATION

FLORIDA CHARTER OF THE SOCIETY OF CONSUMER AFFAIRS P

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NON-PROFIT ARTICLES OF INCORPORATION

OF

FLORIDA CHAPTER OF THE SOCIETY OF CONSUMER AFFAIRS PROFESSIONALS IN BUSINESS, INC.

The undersigned acting as incorporator(s) of a corporation pursuant to Chapter 617 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be FLORIDA CHAPTER OF THE SOCIETY OF CONSUMER AFFAIRS PROFESSIONALS IN BUSINESS, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be as follows: 1000 AAA Drive, Box 61, Heathrow, Florida 32746.

ARTICLE III - PURPOSE

The specific purpose for this corporation is organized is as an international professional organization of individuals to foster and maintain the integrity of business in dealings with consumers; to encourage effective communication and understanding between business, government and consumers; and to define and advance the consumer affairs profession.

No part of the net carnings of this corporation shall inure to the benefit of, or be distributable to, its members, directors, officers or other private persons, except that this corporation shall be authorized to pay reasonable compensation for services rendered. This corporation shall not carry on activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(6) of the Internal Revenue Code of 1954 or the corresponding provision of any future federal internal revenue law.

ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

Elections are held annually.

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ARTICLE V - LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in Section 617.0302, Florida Statutes. No other limitations are applicable.

ARTICLE VI - INITIAL REGISTERD AGENT and STREET ADDRESS

The name and address of the initial Registered Agent: CARRIE A. BROOKS, ESOUIRE, 2124 NE 123rd Street, Suite 207, North Miami, Florida 33181

ARTICLE VII - INCORPORATORS

The name and address of the incorporator(s) executing these Articles of Incorporation shall be ROBERT A. HUFFMAN. President, 1000 AAA Drive, Box 61, Heathrow, Florida 32746, PHILLIP GARNER, Vice-President of Finance, 11645 Biscayne Boulevard, Suite 103, North Miami, Florida 33181.

ARTICLE VIII - DISSOLUTION

Upon dissolution of this corporation, the board of directors, after paying or providing for the payment of all just liabilities of this corporation, shall distribute, transfer and pay over all remaining assets of this corporation to Society of Consumer Affairs Professionals in Business, a District of Columbia nonprofit corporation, if such corporation is then an exempt organization under Section 501 (c)(6) of the Internal Revenue Code of 1954 or the corresponding provision of any future federal internal revenue law; otherwise, to one or more similarly exempt organizations to be used in such manner as will best accomplish the purposes for which this corporation was organized.

August, 2001.

ROBERT A HUFFMAN, President

Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the Registered Agent/Registered Office, in the State of Florida.

- The name of the corporation is FLORIDA CHAPTER OF THE SOCIETY 1. OF CONSUMER AFFAIRS PROFESSIONALS IN BUSINESS, INC.
- The name and address of the registered agent and office is CARRIE A. 2. BROOKS, ESQUIRE, 2124 NE 123rd Street, Suite 207, North Miami, Florida 33181.

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the Articles of Incorporation, 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.

Signed and dated this 2.5 day of

Registered Agent

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