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

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sed is an origin	al and one(1) copy of the artic	les of incorporation and a	check for:	
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NOTE: Please provide the original and one copy of the articles.

ARTICLE I PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: ARTICLE II SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: STEVEN UNITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: STEVEN UNITIAL REGISTERED AGENT AND STREET ADDRESS The name and Floridas street address of the initial registered agent are: STEVEN UNITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent are: STEVEN UNITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent are: STEVEN UNITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent are: STEVEN UNITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent are: STEVEN UNITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent are:

Signature/Incorporator

12301 ROCKLEDGE CIRCLE BOCA RATION FL 33428

(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