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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
KATHERINE HARRIS
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

MAUREEN NEWMAN INC.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 6, 2000

FAS-T

SUBJECT: MAUREEN NEWMAN INC.
REF: W00000005944

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FAX Aud. #: H00000010119
Letter Number: 000A00012327

ARTICLES OF INCORPORATION
OF

MAUREEN NEWMAN INC.

ARTICLE I NAME

The name of the corporation shall be:
MAUREEN NEWMAN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of
this corporation shall be:

5791 MOSS CT.
FORT PIERCE, FL. 34982

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is
authorized to have outstanding at any one time is:

500 (FIVE HUNDRED)

PREPARED BY:
TRIPLE CHECK INCOME TAX SERVICE
2506 DELAWARE AVE
FORT PIERCE FLORIDA 34947

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MAUREEN NEWMAN

5791 MOSS CT

FORT PIERCE, FL 34982

ARTICLE V INCORPORATOR


The name and street address of the incorporator to these Articles of Incorporation is:

MAUREEN NEWMAN

5791 MOSS CT

FORT PIERCE, FL 34982

The undersigned has executed these Articles of Incorporation this 29th day of FEBRUARY 2000 .


MAUREEN NEWMAN . . . Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws 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 the corporation is:

MAUREEN NEWMAN, INC.

2. The name and address of the registered agent and office is:

MAUREEN NEWMAN

5791 MOSS CT

FORT PIERCE, FL 34982

Signature:

Maureen Newman

Title:

PRESIDENT

Date:

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:

Maureen Newman

Date:

00 MAR -6 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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