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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 25 PM 2:21

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FLORIDA PROFIT CORPORATION OR P.A.**JAMES T. SPARKMAN & ASSOCIATES, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

H0000001 9491 of

James T. Sparkman & Associates, P.A.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

James T. Sparkman & Associates, P.A.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. In The Practice Of Law

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Hundred shares (100) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	James T. Sparkman		
ADDRESS	19 West Flagler St. Suite 1003		
CITY	Miami	FLORIDA	ZIP 33130

The principal office, if known, or the mailing address of the corporation is:

NAME	James T. Sparkman		
ADDRESS	19 West Flagler St. Suite 1003		
CITY	Miami	FLORIDA	ZIP 33130

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	James T. Sparkman		
ADDRESS	19 West Flagler St. Suite 1003		
CITY	Miami	STATE Florida	ZIP 33130
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

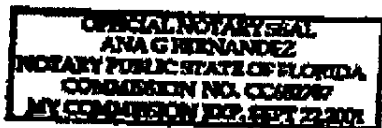
ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	James T. Sparkman		
ADDRESS	19 West Flagler St. Suite 1003		
CITY	Miami	STATE Florida	ZIP 33130
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 24th day of April, 2000

Notary- GC682787
Comm Expires Sept. 22, 2001



[Signature] (Seal)

(Seal)

(Seal)

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**CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

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TALLAHASSEE, FLORIDA

James T. Sparkman & Associates, P.A.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 19 west Flagler St. Suite 1003

Miami, Fl. 33130

has named James T. Sparkman

located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.



(registered agent)

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