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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
Phone : (305) 541-3694
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

MONIQUE BLUE COMMUNICATINS, INC.

Certificate of Status	0
Certified Copy	0
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EMPIRE CORPORATE KIT

P.02/04

**ARTICLES OF INCORPORATION
OF**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

Monique Blue Communications, Inc.,

ARTICLE II

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

1036-48 Dunn Avenue
Jacksonville, FL 32218

ARTICLE III

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

Par Value 1500 shares of Common Stock at .10

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ARTICLE IV

The name and address of the initial agent is:

Monique Blue
10981 Copperhill Drive
Jacksonville, FL 32218

ARTICLE V

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

Monique Blue
10981 Copperhill Drive
Jacksonville, FL 32218

The undersigned has executed these Articles of
Incorporation this 12th day of April, 2000.


signature

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CERTIFICATE OF DESIGNATIONREGISTERED 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:

Monique Blue Communications, Inc.,

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

Monique Blue

SIGNATURE [Signature]

TITLE President/CEO

DATE 4-28-2000

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 THE 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 [Signature]

DATE 4-28-2000

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