POODOOH3288

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

500003228645—7 -04/28/00—01046—025 *****78.75 *****78.75	
*****78.75 *****78.75	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for	
\$70.00 \$\sum_\$ \$78.75 \$\sum_\$ \$122.50 \$\sum_\$ \$131.25 \$\text{Filing Fee} \text{Filing Fee}, & Certificate \$\text{Certified Copy} \text{Certificate}\$	
ADDITIONAL COPY REQUIRED	
FROM: MARITZA COLLAZO Name (Printed or typed) PLEASE MAILED TO: MASTER ACCOUNTING & TAX SERVICE, INC 3846 CURRY FORD RD. ORLANDO, FL 32806 (407) 896-7113	3
Daytime Telephone number Usugo	6

T. Burch MAY 1 2000

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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 NAME The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

MASTER TAX SERVICE, INC.

The principal place of business and mailing address of this corporation shall be: 3846 CURRY FORD RD ORLANDO, FL 32806

ARTICLE III SHARES

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

10,000 shares at a par value of \$1.00 ea.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARITZA COLLAZO

1653 VIA PILAR DR.

ORLANDO, FL 32825

ARTICLE V INCORPORATOR

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

MARITZA COLLAZO 1635) VIA PILAR DR OXLANDO, FL 32825 ADRIAN COLLAZO 1635 VIA PILAR DR ORLANDO, FL 32825

/Signature/Incorporator

Date

(An additional article must be added if and 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