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

(Proposed corporate name - must include suffix) SUBJECT:

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate □\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FORT LANdendale, FL 33304 City, State & Zip

954-522-0/0/ Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purposes of a 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 C.J. Muscari & Associates, Inc.

Article II Principal Office

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

C.J. Muscari & Associates, Inc. 953 N.W. 104th Way Coral Springs, FL 33071

Article III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 (one thousand).

Article IV Initial Registered Agent and Street Address

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

Skip A. DiRienzo, Esq. Hochberg & DiRienzo, P.A. 1975 E. Sunrise Blvd., Fifth Floor Fort Lauderdale, FL 33304

Article V Incorporator

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

Skip A. DiRienzo, Esq. Hochberg & DiRienzo, P.A. 1975 East Sunrise Blvd., Fifth Floor Fort Lauderdale, FL 33304 Signature/Incorporator Date

Acceptance of Registered Agent

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

5/24/00

Date

FILED

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SECRETARY OF STATE
SECRETARY OF STATE