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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 : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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FLORIDA PROFIT CORPORATION OR P.A.

Starwood Mobile Diagnostics Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS
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B. McKIN

JUN 30 2000

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Starwood Mobile Diagnostics Inc.

ARTICLE II PRINCIPAL OFFICE

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

Starwood Mobile Diagnostics Inc.
498 N. STATE ROAD - SUITE B
ALTAMONTE SPRINGS, FL 32714

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ARTICLE III SHARES

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

1500 Shares with No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STEVEN ENABNIT
498 N. STATE ROAD - SUITE B
ALTAMONTE SPRINGS, FL 32714

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**STEVEN ENABNIT
10700 LA SUBIDA DRIVE
EL PASO, TX 79935**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30th day of June 2000.



STEVEN ENABNIT
SIGNATURE

**CERTIFICATE OF DESIGNATION OF
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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Starwood Mobile Diagnostics Inc.**

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

STEVEN ENABNIT

Name

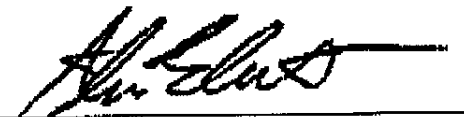
498 N. STATE ROAD - SUITE B

(P.O. Box or Mail Drop Box NOT Acceptable)

ALTAMONTE SPRINGS, FL 32714

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



STEVEN ENABNIT
SIGNATURE

June 30th, 2000

(Date)

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