Division of Corporations ccfss1.dos.state.fl.ns/scripts/efilcovr.exe 00668

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000036701 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)541-3694

Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

EQUITY CAPITAL MANAGEMENT INC.

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

1 of 2

7/12/00 1:25 PM

P.01704

EMPIRE CORPORATE KIT

201-12-2000 13:28



H00000036701

ARTICLES OF INCORPORATION

ΟF

EQUITY CAPITAL MANAGEMENT INC.

FILE D

OD JUL 12 PM 2: 50

SECRETARY OF STAF

These Articles are in compliance with Chapter 607,

Article I

The name of this corporation shall be:

EQUITY CAPITAL MANAGEMENT INC.

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue are 20,000,000 shares of common stock having an individual par value of \$0.01

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be: JOHN P. CORRIGAN
444 BRICKELL AVENUE SUITE 300
MIAMI, FL 33131

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY, 1492 WEST FLAGLER STREET, #200, MIAMI, FL 33135, (305) 541-3694

H00000036701

Article VII

The initial board of Directors shall consist of a total of 3 person(s) and the name and address of the person(s) who are to serve as an initial director(s):

MICHAEL BULMAN PRES./TREAS./DIR.

JULIUS CSURGO VICE PRES./SEC./DIR.

JOHN P. CORRIGAN ASST. SEC./ DIR. 444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131

444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131

444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131

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

EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 WEST FLAGLER STREET #200 MTAMI, FL 33135

The undersigned has executed these Articles of Incorporation this <u>12TH</u> day of <u>JULY</u>, 2000.

Incorporator

Ray Stormont, President

Signing for

Empire Corporate Kit of America, Inc.

H00000036701

H00000036701

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits, organized under the statement in designating the registered office/registered agent, in the state of Florida.

First that <u>EQUITY CAPITAL MANAGEMENT INC.</u>
(Name of Corporation)
desiring to organize under the laws of the State of <u>FLORIDA</u>
(Florida)
with its principal office, as indicated in the articles of incorporation has name <u>JOHN P. CORRIGAN</u>
(Name of Registered Agent)
located at 444 BRICKELL AVENUE SUITE 300
City of MIAMI County of DADE (City)

State of Florida, as its agent to accept service of process within this state.

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

Registered Agent

FILE D JUL 12 PM 2: LAHASSEE, FL

H0000003670