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Page 1

Page 1 of 1



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

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Account Name : INTEGRATED MANAGEMENT GROUP, INC.

Account Number : I19990000058

: (954)753-6042

Phone

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· (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

IMG GLOBAL, INC.

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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 ONE

NAME

The name of the corporation shall be: IMG Global, Inc. 6601 Lyons Rd. B-6 Coconut Creek, FL 33073

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

6601 Lyons Rd. B-6 Coconut Creek, FL 33073

INTEGRATED MANAGEMENT GROUP, INC.
9690 W. Sample Road SUITE 202
CORAL SPRINGS, FL 33065
(954)753-2222 H000000503599

H000000503599

ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Isaac Cohen

6601 Lyons Rd. B-6

Coconut Creek, FL 33073

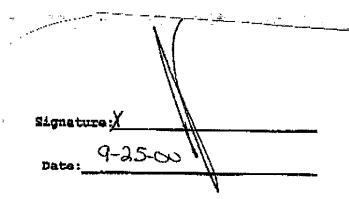
ARTICLE FIVE

INCORPORATOR

H000000503599

H000000503599

The undersigned has executed these Articles of Incorporation. This 22^{nd} day of September.



CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

1. The name of the corporation is: IMG Global, Inc.

2. The name and address of the registered a Isaac Cohen

6601 Lyons Rd. B-6

Coconut Creek, FL 33073

Signature: X

Date: 4-25-0

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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:

Date:

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OO SEP 25 PM 1: 30
SECRETARY OF STATE
TALLAHASSEF FINALE