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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 : INTEGRATED MANAGEMENT GROUP, INC.  
Account Number : I19990000058  
Phone : (954)753-6042  
Fax Number : (954)753-1123

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00 SEP 26 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Certificate of Status	1
Certified Copy	0
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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:  
Siegelaub, Lieberman & Associates, P.A.

ARTICLE TWO

PRINCIPAL OFFICE

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

9690 W. Sample Rd. Suite 202  
Coral Springs, Fl 33065

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

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**ARTICLE THREE**

The specific purpose of the business will be to provide accounting services to clients.

**ARTICLE THREE-A**

**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 cent.

**ARTICLE FOUR**

**INITIAL REGISTERED AGENT & ADDRESS**

The name and address of the initial registered agent is:

Steven S. Siegelaub  
9690 W. Sample Rd. Ste 202  
Coral Springs, FL 33065

**ARTICLE FIVE**

**INCORPORATOR**

The name and address of the Incorporator is:

Steven S. Siegelaub  
9690 W. Sample Rd. Ste 202  
Coral Springs, FL 33065

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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: 9/26/00 \_\_\_\_\_

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The undersigned has executed these Articles of Incorporation this 26<sup>th</sup> day of September.

Signature: *[Handwritten Signature]*

Date: 9/26/00

**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:  
Siegelaub, Lieberman & Associates, P.A.
- 2. The name and address of the registered agent  
Steven S. Siegelaub  
9690 W. Sample Rd Suite 202  
Coral Springs, FL 33065

Signature: *[Handwritten Signature]*

Date: 9/26/00

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