

Charger Number Only

POWELL

VALIDATION ONLY

Jeffrey Cohen
Requestor's Name
297 Sonny Isles Blvd
Address
11 Miami Beach Fl 33160
City State ZIP Phone

305) 940-1985 A

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-12/06/00--01020--007
*****78.75 *****78.75

CORPORATION(S) NAME

ECS management services, INC



Empire Toll Free: 1-800-432-3028

- Profit NonProfit Amendment Merger
- Foreign Dissolution Mark
- Limited Partnership Annual Report Other
- Reinstatement Reservation Change of Registered Agent
- Certified Copy Photo Copies Certificate Under Seal
- Call When Ready Call if Problem After 4:30
- Walk In Will Wait Pick Up Mail Out

RECEIVED
00 DEC -6 AM 9:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

Name	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION
OF
ECS MANAGEMENT SERVICES, INC.**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the Corporation is **ECS MANAGEMENT SERVICES, INC..**

ARTICLE II - ADDRESS

The principal office, or mailing address of the Corporation is 12000 Biscayne Boulevard, Suite 802, North Miami, Florida 33181.

ARTICLE III - DURATION

This Corporation shall have perpetual existence.

ARTICLE IV - PURPOSE

The purpose of this Corporation is to engage in the transaction of any and all business permitted under the laws of the United States and of this State.

ARTICLE V - CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is one thousand (1000) shares of common stock having the par value of One (\$1.00) Dollar.

ARTICLE VI - PREEMPTIVE RIGHTS

The Corporation elects to have preemptive rights in accordance with the provisions of Florida Statutes Section 607.0603, pursuant to the terms and conditions, if any, prescribed by the board of directors.

ARTICLE VII - REGISTERED OFFICE AND AGENT

The initial registered office of this Corporation is 297 Sunny Isles Boulevard, Sunny Isles Beach, Florida 33160. The initial registered agent at such address is Jeffrey Roy Cohen, Esq.

ARTICLE VIII - DIRECTORS

The Corporation shall have one director initially, whose names and street addresses are as follows:

NAME	ADDRESS
Gregory Marshall	12000 Biscayne Boulevard Suite 802 North Miami, Florida 33181

ARTICLE IX - INCORPORATOR

The name and street address of the incorporator of this Corporation is as follows:

NAME	ADDRESS
Jeffrey Roy Cohen	297 Sunny Isles Boulevard Sunny Isles Beach, Florida 33181

IN WITNESS WHEREOF, the undersigned incorporator has executed the foregoing Articles of Incorporation this 12th day of DECEMBER, 2000.


INCORPORATOR

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me personally appeared Jeffrey Roy Cohen, to me well known to be the person described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named this 5th day of December, 2000.


NOTARY PUBLIC STATE
OF FLORIDA AT LARGE



Michelle L. Skinner
Commission # CC 978615
Expires Nov. 7, 2004
Bonded Thru
Atlantic Bonding Co., Inc.


My Commission Expires:

Personally Known OR Produced Identification _____
Type of Identification Produced _____

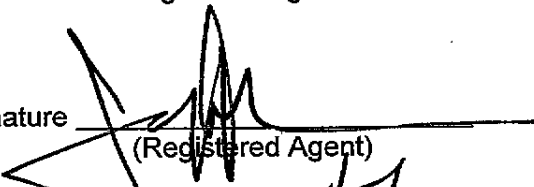
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 48.091, Florida Statutes, the following is submitted:

ECS MANAGEMENT SERVICES, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 12000 Biscayne Boulevard, Suite 802, North Miami, Florida 33181, has named Jeffrey Roy Cohen, Esq., located at 297 Sunny Isles Boulevard, Sunny Isles Beach, Florida 33160, as its agent to accept service of process within Florida.

Signature 
(Corporate Officer)
Title Secretary
Date 12/5/00

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 relative 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)
Date 12/5/00

00 DEC -6 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED