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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

01 JAN 16 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

TALON MCS. CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

T. SMITH JAN 16 2001

ARTICLES OF INCORPORATION
OF TALON MCS.CORP.

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

ARTICLE I NAME

The name of the corporation shall be: TALON MCS.CORP.

The principal place of business of this corporation shall be: 225 SW 2nd Avenue, Homestead Fl 33030

ARTICLE II NATURE OF BUSINESS

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000,000 Shares.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

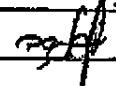
The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are) Lida Shukrie
3510 NE 167th Street N. Miami Beach Fl 33160

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this article incorporation is (are):
Lida Shukrie
3510 NE 167th Street
N. Miami Beach Fl

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATORS (S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS. 12 DAY OF JANUARY
2001

Signature (s) of Incorporator (s)



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TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the corporation:
TALON MCS. Corp.

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

(PO Box Not Acceptable)

3510 NE 167th Street N. Miami Beach, FL 33160

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TALLAHASSEE, FLORIDA

Signature [Signature]

Title Registered Agent

Date 01-12-01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature [Signature]

Title Registered Agent

Date 01-12-01