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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870

Fax Number : (850)222-1222

FLORIDA PROFIT CORPORATION OR P.A.

Di-Berti Associates, Inc.

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Capital Connection, Inc.

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ARTICLES OF INCORPORATION

OF

Di-Berti Associates, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is Di-Berti Associates, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 3930 Leeward Passage, #102, Bonita Springs, FL 34134.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Gary A. Ralph, 2652 Airport Road South, Naples, FL 34112.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is President/ Secretary: Vincent Bertuna, Vice-President/ Treasurer: Kabita Gurung, 3930 Leeward Passage, #102, Bonita Springs, FL 34134.

The undersigned has executed these Articles of Incorporation this 22nd day of February 2001.

"Capital Connection, Inc. by Stacey Leggett, Client Representative"

CAPITAL CONNECTION 02/21/2001 16:10 9 850 222 1222 9417746531 850 ZZZ 7ZZZ CAPITAL CONNECTION

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CERTIFICATE OF DESIGNATION REGISTERS AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes. the mentioned corporation, organized under the laws of the state of Plorida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The na	me of t	he corpor <i>Best</i>	ation is Associa	es Z.	22		
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have 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 has registered agent and agree to act in this 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 pameliar with and accept the obligations of my position as registered agent.

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