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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

PIANTINI & ASSOCIATES, P.A.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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(4)

ARTICLES OF INCORPORATION

OF

PIANTINI & ASSOCIATES, P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PIANTINI & ASSOCIATES, P.A.

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

100 SOUTH EAST 2ND STREET
MIAMI, FL 33131ARTICLE IV PURPOSE

The purpose of this corporation shall be:

LAW PRACTICE

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares having an individual par value of \$ 1.00.

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ALBERT J PIANTINI
100 S.E. 2ND ST.
MIAMI FL 33131

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

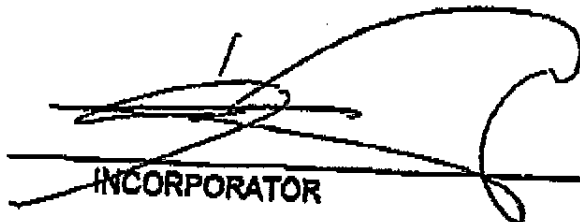
ALBERT J PIANTINI
S.A.A.

ARTICLE VIII INCORPORATOR(S)

The name and address of the Incorporator(s) to these Articles of Incorporation shall be:

ALBERT J PIANTINI
S. A. A.

The undersigned has (have) executed these Articles of Incorporation
this 15th day of MARCH, 2001.


INCORPORATOR

H 01000027479**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

PIANTINI & ASSOCIATES, P.A.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 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.


REGISTERED AGENT

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