PO100000 38999

March 26, 2001

Department of State, Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

PRO-MAN-CO, INC.

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of PRO-MAN-CO, INC. Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely.

PHILIP D. COLLINS

24747 STÄTE RD 54, NO 6, LUTZ, FL 33549

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ARTICLES OF INCORPORATION

OF

PRO-MAN-CO, INC.

ARTICLE I

The name of the Corporation is PRO-MAN-CO, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 24747 STATE RD 54, NO 6, LUTZ, FL 33549.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000 shares of common stock with no par value.

ARTICLE IV

The address of the initial registered office of the Corporation is 24747 STATE RD 54, NO 6, LUTZ, Florida 33549, and the name of the Corporation's initial registered agent for service of process at such address is PHILIP D. COLLINS.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is: PHILIP D. COLLINS, 24747 STATE RD 54, NO 6, LUTZ, FL 33549.

IN WITNESS WHEREOF, I have hereunto set my hand this ______ day of

PHILIP D/COLLINS

24747 STATE RD 54, NO 6, LUTZ, FL 33549

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is: PRO-MAN-CO, INC.
- 2. The name of the registered agent and office is:

PHILIP D. COLLINS 24747 STATE RD 54, NO 6, LUTZ, Florida 33549

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 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

OI APR 16 AM 9: 20 SECRETARTE FLORIDA TALLAHASSEE, FLORIDA