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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

EDWARD W. SALVATO, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION



OF

EDWARD W. SALVATO, 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 | NAME

The name of the corporation shall be: EDWARD W. SALVATO, 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: 14425 DOVER FOREST DR., ORLANDO, FL 32828

ARTICLE IV PURPOSE

The purpose of this corporation shall be: REAL ESTATE

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ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1.000 shares having an individual par value of \$_01_

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: EDWARD W. SALVATO 14425 DOVER FOREST DR. ORLANDO, FL 32828

ARTICLE VII BOARD OF DIRECTOR(S)

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

EDWARD W. SALVATO DIRECTOR

14425 DOVER FOREST DR. ORLANDO, FL 32828

ARTICLE VIII INCORPORATOR(S)

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

EDWARD W. SALVATO 14425 DOVER FOREST DRIVE ORLANDO, FL 32828

The undersigned has (have) executed these Articles of Incorporation this _____ day of __JUNE__, 2001.

INCORPORATOR
EDWARD W. SALVATO

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

EDWARD W. SALVATO, 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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SECRETARY OF STATE
TALLAHASSIT, FLORINA

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