P01000045772

TO: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

000004432600--7 -07/03/01--01003--021 = ******52.50 ******43.75

000004432600--7 -06/20/01--01063--001 *****35.00 *****35.00

SUBJECT: PARAGON MANAGEMENT PROFESSIONALS, INC.

(Proposed corporate name)

Enclosed please find an original and one (1) copy of the Articles of Incorporation and a check

FROM: Natalie Oberhelman

(Name)

10834 Madison Drive

(Address)

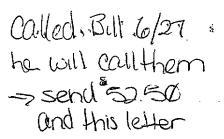
Boynton Beach, FL 33437
(City, State & Zip)

816-559-4835 561-740-2246 (home)

(Daytime Telephone number)

M/3

WO1-14326





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 21, 2001

NATALIE OBERHELMAN 10834 MADISON DRIVE BOYNTON BEACH, FL 33437

SUBJECT: PARAGON MANAGEMENT PROFESSIONALS, INC.

Ref. Number: W01000014326

We have received your document for PARAGON MANAGEMENT PROFESSIONALS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as foilows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 487-6052.

Kimberly Rolfe Corporate Specialist Supervisor **New Filings Section**

Letter Number: 501A00037729



ARTICLES OF INCORPORATION OF

PARAGON MANAGEMENT PROFESSIONALS, INC.

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

ARTICLE I CORPORATE NAME

The name of the corporation shall be PARAGON MANAGEMENT PROFESSIONALS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 10834 MADISON DR., BOYNTON BEACH, FL 33437.

ARTICLE III AUTHORIZED CAPITAL STOCK

The number of COMMON shares which the corporation shall have authority to have outstanding at any one time are 1000, and carry a par value of 1.00.

ARTICLE IV INITIAL REGISTERED AGENT/OFFICE

The name of the corporation's initial registered agent is NATALIE J OBERHELMAN and the mailing address of it's initial agent is 10834 MADISON DR., BOYNTON BEACH, FL 33437.

ARTICLE V
INCORPORATORS

The name and street address of each incorporator to these Articles of Incorporation is:

NATALIE J OBERHELMAN 10834 MADISON DR., BOYNTON BEACH, FL 33437

ARTICLE VI PROVISIONS

The provisions for the regulations of the internal affairs of the corporation shall be as set forth in the bylaws.

ARTICLE VII DURATION

The duration of the corporation shall be PERPETUAL.

ARTICLE VIII BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors of the corporation is ONE (1).

The names and addresses of the persons who are to serve as members of the initial Board of Directors of the corporation are as follows:

NATALIE J OBERHELMAN 10834 MADISON DR., BOYNTON BEACH, FL 33437

The undersigned incorporator(s) have executed these Articles of Incorporation this SIXTEENTH day of JUNE, 2001.

NATALIE J OBERHELMAN

Vatalie Gehelman

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 <u>PARAGON MANAGEMENT PROFESSIONALS</u>, INC.
- 2. The name of the corporation's initial registered agent is **NATALIE J OBERHELMAN** and the mailing address of it's initial agent is **10834 MADISON DR.**, **BOYNTON BEACH, FL 33437**.

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.

Takalia Bark Imare
Signature of Registered Agent

JUL -3 PM I2: 58

CRETTANN OF STATE

LANASSEE, FLORID

Date