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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

Metropolitan Services, Inc.

Certificate of Status	0
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## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 31, 2001

CAPITAL CONNECTION, INC.

SUBJECT: METROPOLITAN SERVICES, INC.  
REF: W01000017651

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Beth Register  
Corporate Specialist Supervisor  
New Filings Section

FAX Aud. #: H01000086092  
Letter Number: 101A00044280

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

H010000860923

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Metropolitan Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1936 Brengle Ave.  
Orlando, FL 32808  
1936 Brengle Ave.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Michael J. Diglio, President  
3277 Hawks Nest Dr.  
Kissimmee, FL 34741

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Michael Diglio  
3277 Hawks Nest Dr.  
Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Diglio  
3277 Hawks Nest Dr.  
Kissimmee, FL 34741

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

7-30-01  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7-30-01  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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