Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

Fax Number

: {305}634-3694 : (305) 533-9696

FLORIDA PROFIT CORPORATION OR P.A.

FM PREPAy, inc.

Certificate of Status	0
Certified Copy	
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8/24/01 5:00 PM

B. McKnight AUG 2 7 2001

A)

STATE OF FLORIDA

ARTICLES OF INCORPORATION

OF

FM Prepay, Inc.

The undersigned, acting as incorporator of a corporation under the Florida Corporation Act, adopt the following Articles of Incorporation:

FIRST: <u>Corporate Name</u>. The name of the corporation is FM Prepay, Inc.

perpetual existence. This corporation shall have

THIRD: Nature of Business. This corporation shall engage in any lawful activity permitted under the laws of the United States and the state of Florida.

FOURTH: Capital Stock. This corporation is authorized to issue 100 shares of one dollar (\$1.00) par value common stock.

FIFTH: <u>Voting rights</u>. Except as otherwise provided by law the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding common shares.

SIXTH: Fre-emptive Rights. Every shareholder upon the sale for cash of any new stock of this corporation of the same kind,

Robert Felix, CPA 6197 Stirling Road Davie, FL 33314 Telephone: (954) 434-8656

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class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price which it is offered to others.

SEVENTH: <u>Initial Principal Office of Registered Agent</u>: The street address of the initial registered agent and principal office of this corporation is:

450 NW 134th Ave. #102 Pembroke Pines, Florida 33028

and the name of the initial registered agent of this corporation at that address is

Frank Mineo

EIGHTH: <u>Incorporator</u>. The persons signing these Articles of Incorporation have the following names and addresses:

Frank Mineo 450 NW 134th Ave. #102 Pembroke Pines, Florida 33028

NINTH: <u>By-Laws</u>. The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the shareholders.

TENTH: Amendment. The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 23rd day of August, 2001.

(Incorporator)

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING agent upon whom process may be served.

Pursuant to the provisions of section 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.

First-That

FM Prepay, Inc.

desiring

(Name of Corporation) to organize under the laws of the State of Florida has with its (Florida)

principal office, as indicated in the articles of incorporation

City of

Pembroke Pines (City)

Broward

State φf <u>Florida</u>

has named

(County) Frank Mineo

located at

(Name of Resident Agent) 450 NW 134th Ave Ste 102

(Street address and number of building

City of

Post Office Box Address not acceptable)

<u>Pembroke Pines</u> (City)

(State)

County of

Broward State of

(County)

ita agent to accept service of process within this Florida. state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

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 obligation of my position as registered agent.

Signature

Registered Agent

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