

ADDITIONAL COPY REQUIRED

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

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SUBJECT: (PSS) PROFESSIONAL STRINGING SERVICES INC.
(Proposed corporate name - must include suffix)

□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate
	Filing Fee

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

FROM: HEROLD BLANCHET

Name (Printed or typed)

8324 Garden Gate Place

Address

Boca Raton Florida 33433

City, State & Zip

Daytime Telephone number

25-10/3/01/

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 NAME

The name of the corporation shall be:

PROFESSIONAL STRINGING SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8324 Garden Gate Place Boca Raton Florida 33433

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Five Hundred (500)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Herold Blanchet

8324 Garden Gate Place

Boca Raton Florida 33433

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Herold Blanchet 8324 Garden Gate Place Boca Raton Florida 33433

ino directorgreea	moorporator(s) has(have) e	Accused these Artheles of theorporation this
27 day of	September	
(An additional art	icle must be added if an effe	ective date is requested.)
	B. Herold	
		Signature
		Signature
-		Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE TALLAHASSEE, FLORIDA

SECRETARY OF STATE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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	PROFESSIONAL STRINGING SERVICES INC
2. The name and address of the registere	d agent and office is:
HEROLD	BLANCHET (NAME)
8324 Garde (P. O. Box o	en Gate Place or Mail Drop Box <u>NOT</u> ACCEPTABLE)
Boca Ra	ton Florida 33433 (CHY/STATE/ZP)
at the place designated in this certificate, to act in this capacity. I further agree to	and to accept service of process for the above stated corporation I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relating to the proper and I am familiar with and accept the obligations of my position
B. Herold (SIGNATURE)	9/z7/o1 (Date)