Division of Corporations

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 : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

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: (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

H.R.A. & Associates Inc.

Certificate of Status	 1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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PAGE 02

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ARTICLES OF INCORPORATION

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:

H.R.A. & Associates Inc.

ARTICLE II PRINCIPAL OFFICE

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

H.R.A. & Associates Inc.

10616 Cape Hatteras Drive Tampa, FL 33615

ARTICLE III SHARES

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

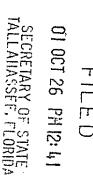
1000 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Hector Nieves 10616 Cape Hatteras Drive Tampa, FL 33615

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940



PAGE 03 H01000110195

ARTICLES V INCORPORATOR(S)

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

Hector Nieves 10616 Cape Hatteras Drive Tampa, FL 33615

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of October 2001.

Hector Nieves - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporat	ion is: H.R.A. & Associates Inc.		
2. The name and address of the	e registered agent and office is:		
	Hector Nieves	OI OI SECR TALLA	
	Name	HAT CT	77
	10616 Cape Hatteras Drive	# - L	=
	(P.O. Box or Mail Drop Box NOT Acceptable)	PH S	
	Tampa, FL 33615		,
	(City / State / Zip)	5m —	

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Hector Nieves SIGNATURE Nieves

October 26, 2001

(Date)