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SECILLARIA STATE TALLAHASSEE, FLORIDA

November 7, 2001

200004574052--6 -11/09/01--01037--017 *****78.75 ******78.75

Division of Corporations, New Corporations POB 6327 Tallahassee, FL 32314

Dear Sir,

Enclosed is our check for \$78.75 for Jibarm, Inc. for a certified copy of the articles of incorporation and a certificate of incorporation.

Please return the documents to:

Ben H. Moore
720 N. Maitland Avenue, Ste 105
Maitland, FL 32751

Thank you for your attention to this matter.
Sincerely,

Ben H. Moore

ARTICLES OF INCORPORATION

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SECTION STATE
TALLAHASSEE, FLORIDA

Jibarm, 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 NAME

The name of the corporation shall be:

× 25.

Jibarm, Inc.

ARTICLE II PRINCIPAL OFFICE

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

11893 Ottawa Avenue Orlando, FL 32837

ARTICLE III SHARES

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

1000 shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paul D. Kuiken 11893 Ottawa Avenue Orlando, FL 32837

ARTICLE V INCORPORATOR(S)

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

Paul D. Kuiken 11893 Ottawa Avenue Orlando, FL 32837

The undersigne	d incorporator(s) has(háve)	executed these Art	icles of Incorporation	on this
5th	day ofNovember	200	1 .	
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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	e of the corporation is:_	Jibarm, Inc.				
				•		
			•			
2. The name	e and address of the re	gistered agent and	office is:	T _S O		
				E No		
	Paul F). Kuiken -		NOV -9		
		(Name)				
	11893	Ottawa Avenue		PM 3: 50		
	(P.O. Box not acceptable)					
	Orlando	o, FL 32837	-	D		
Orlando, FL 32837 (City/State/Zip)						
		•				
Having been	n named as registered a	agent and to accept	service of proces	ss for the		
the appoint	d corporation at the pla ment as registered ager	ce designated in thi nt and agree to act i	is certificate, I no. In this capacity. I	reby accept further agree		
mance of my as registere	ment as registered ager with the provisions of all y duties, and I am familia d agent	ar with and accept	the obligations of	mplete pertor- my position		
as registere	o agent.		•			
Roll						
1 cut	(Signature)		11/05/01 (Date)			
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