PO/OCOMITTAL LETTER 579

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314	
SUBJECT: CUSTOMER SERVICE ASSOCIATES, INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)	
	80000472954 82 -12/17/0101099003 *****78.75 *****78.75
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Peter J. Name (Porcelli T
15718 HeLen K Dr.	
Shady Hills, Fl 34610 City, State & Zip	
Daytime Telephone number Daytime Telephone number Daytime Telephone number Wolf Will kind fax whommame.	
NOTE: Please provide the or	カルベ ついし iginal and one copy of the articles.

ARTICLES OF INCORPORATION OF CUSTOMER SERVICE PROFESSIONALS, INC.

The undersigned, for the purpose of forming a corporation under the Provisions of Chapter 607.0202 of the Florida Statutes, herein referred to as the Corporation, hereby agrees to the following:

ARTICLE I - NAME

The name of the Corporation shall be CUSTOMER SERVICE PROFESSIONALS, INC.

ARTICLE II - PRINCIPAL OFFICE OR MAILING ADDRESS

The principal office and mailing address shall be at 15718 Helen K Drive, Shady Hills, Florida 34610.

ARTICLE III - CAPITAL STOCK

The authorized capital stock of the Corporation shall be 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV - REGISTERED OFFICE AND AGENT

Section I. The street address of the initial registered office of the Corporation shall be 15718 Helen K Drive, Shady Hills, Florida 34610.

Section II. The name of the initial registered agent of the Corporation located at said address shall be Peter J. Porcelli II.

ARTICLE V - INCORPORATOR

The name and address of the incorporator is:

Name

Address

Peter J. Porcelli II

15718 Helen K Drive Shady Hills, FL 34610

IN WITNESS WHEREOF, for the purpose of forming a corporation under the

Laws of the State of Florida, the undersigned executed these Articles of

Incorporation on this ______ day of December, 2001.

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.

- The name of the corporation is: CUSTOMER SERVICE PROFESSIONALS, INC.
- 2. The name and address of the registered agent and office is:

PETER J. PORCELLI II (Name)

15718 HELEN K DRIVE
(Address, PO Box not acceptable)

SHADY HILLS, FLORIDA 34610 (City, State, Zip)

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 obligations of my position as registered agent.

PETER J. PORCELLI II

(Date)

LIST OF OFFICERS/DIRECTORS

PETER J. PORCELLI II, C.E.O.