Florida Department of State

Division of Corporations

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Division of Corporations

Fax Number : (850)205-0381

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 : (305)599-0839 Phone

: (305)716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

PROFESSIONAL INVESTMENT NETWORKS INC.

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

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ARTICLE OF INCORPORATION

<u>of</u>

PROFESSIONAL INVESTMENT NETWORKS INC.

O2 APR 18 AM SECRETARY OF STALLAHASSEE, FL

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, pereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: PROFESSIONAL INVESTMENT NETWORKS INC.

The principal place of business of this corporation shall be: 933 E. 20 St. Higlesh, Fl. 33013

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times 10.00 = 1.000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

VIDAL LORENZO 11656 NW. 89 CT. HIALEAN GARDENS, FL. 33018 DIRECTOR

ARTICLE VI INCORPORATOR(S)

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

VIDAL LORENZO 11656 NW. 89 CT. HIALEAH GARDENS,FL. 33018 PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has(have) executed these Article of Incorporation this 17 th. day of April ,465 2002.

Signature/Title

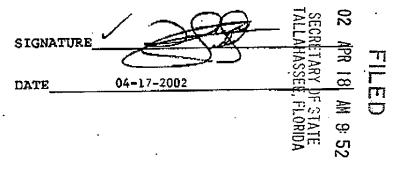
Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 nam | e and address of the registered agent and off: |
| is | VIDAL LORENZO |
| | (Name) |
| | 11656 NW. 89 CT. |
| | (P. O. BOX NOT ACCEPTABLE) |

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.



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