



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:

MCI Brokers, Inc.



ARTICLE II PRINCIPAL OFFICE

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

8155 Mystic Harbor Circle Boynton Beach, Florida 33436

ARTICLE III SHARES

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

100 shares @ \$1 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marianna Calvacca 8155 Mystic Harbor Circle Boynton Beach, Florida 33436

ARTICLE V INCORPORATOR(S)

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

Marianna Calvacca 8155 Mystic Harbor Circle Boynton Beach, Florida 33436

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

day of APRIZ - 19 201

Signature .

ARTICLES OF INCORPORATION FILING FEE - \$35

Notary Public State of Florida SANDY GETZ Commission # CC746497 Expires 7 / 23 / 2002

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUES, 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:

MCI Brokers, Inc.					
2. The name and address of the registered a	gent and of	fice is:	t · · · · · · · · · · · · · · · · · · ·		
Marianna Calvacca					
8155 Mystic Harbor Circle	<u>*-</u>	<u> </u>		<u></u>	- s •
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Boynton Beach, Florida 33436					
Having been named as registered agent and stated corporation at the place designated is appointment as registered agent and agree to comply with the provisions of all statutes respectively and I am familian position as registered agent. (Signature)	n this certif to act in thi lating to the	icate, I hereb s capacity. I j e proper and	y accept t further ag	the ree to	
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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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