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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: 05/02/02
02 MAY 16 PM 2: 17

Secretary of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

000005555170--9
-05/16/02--01057--002
*****78.75 *****78.75

Re: IconLink Corporation

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,



Howard Link
9154 Justine Drive
Weeki Wachee, Fl. 34613



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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
Of
IconLink CORPORATION

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: **IconLink Corporation**

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in business activities under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME: IconLink Corporation		
ADDRESS: 9154 Justine Dr.		
CITY: Weeki Wachee	FLORIDA	ZIP: 34613

The name and street address of the Initial Registered Agent of this Corporation is:

NAME: Howard Link		
ADDRESS: 9154 Justine Dr.		
CITY: Weeki Wachee	FLORIDA	ZIP: 34613

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME: Howard Link		
ADDRESS: 9154 Justine Dr.		
CITY: Weeki Wachee	FLORIDA	ZIP: 34613

NAME:		
ADDRESS:		
CITY:	FLORIDA	ZIP:

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporator signing these Articles of Incorporation are as follows:

NAME: Howard Link		
ADDRESS: 9154 Justine Dr.		
CITY: Weeki Wachee	FLORIDA	ZIP: 34613
NAME: _____		
ADDRESS: _____		
CITY: _____	FLORIDA	ZIP: _____

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 2nd day of May, 2002.

Howard A. Link (Seal)

_____ (Seal)

_____ (Seal)

State of Florida)
County of HERNANDO) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared:

Howard A. Link Signature FLDL# L520-321-34-458-0 Form of Identification

Signature Form of Identification

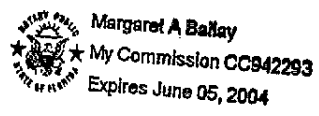
Signature Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HOWARD LINK executed these Articles of Incorporation, that I relied upon the form FLDL of identification of the above named person as indicated opposite each name, and that an oath (was) (was not) taken.

Witness my hand and official seal in the County and State last aforesaid this 27th day of MAY, 2002.....

Margaret A. Bellan
Notary Signature

MARGARET A. BELLAN
Printed Notary Signature



**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF REGISTERED AGENT OF

HOWARD LINK

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation at **9154 Justine Drive.,
Weeki Wachee, FL 34613**, has named **Howard Link** located at the aforesaid address, as
its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(Registered agent)