DO2000057389 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



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SUBJECT:

The Professional Group, Inc.

(Proposed corporate name - must include suffix)

Enclosed is 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

ROM: Cheryl Gaana

ia Gaona

Name (Printed or typed)

P.O. Box 100724

Address

Palm Bay, FL 32910

City, State & Zip

321-693-4992

Daytime Telephone number

Cherel Topa GAM AUTHORIZATION BY PHONE TO

DATE 5/23/02

OTE: Please provide the original and one copy of the articles.

B5/33

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida OPMAY 17

AM 11:34

ARTICLE I NAME

The name of the corporation shall be:

The Professional Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 100724 Palm Bay, FL 32910

ARTICLE III SHARES

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

Five hundred (500) shares of one dollar (\$1.00) par value Common Stock, which shall be designated "Common Shares".

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Cheryl Gaona 2526 Palm Place Drive Palm Bay, 32905

ARTICLE V *INCORPORATOR*

The name and address of the incorporator to these Articles of Incorporation are:

Cheryl Gaona P.O. Box 100724 Palm Bay, FL 32910

Signature/Incorporator

5-14-02 Date

5-14-02

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent