PO200067309

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

(Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$122.50 \$131.25 \$70.00 \$78.75 Filing Fee, Certified Copy Filing Fee & Certified Copy Filing Fee & Certificate & Certificate Additional Copy Required FROM: BOCA RATON

City, State & Zip 270 Daytime Telephone number

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

Bom 6/19

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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:

A AA BAAN INC

ARTICLE II PRINCIPAL OFFICE

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

22 SE 4 STR-ENT 7219 BOCA RATION # 33432

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

ONR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

BOCA RATION PC 33432

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

BRUND CLEVELAND

22 SR 4 STREEK #219

BOCA PATON PL 33432

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

| b | day of | Jule | Ag | 2002 |
| Signature |
| Signature |

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is:	
2. The name and address of the registered agent and office is:	02 J
BRUNO (LEVELAND (NAME) ZZZIG	JUN 18
(NAME) 22 52 4 578 LLL (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	AM ID: 43 Y OF STATE
BOCA RATON AC 33432 (CITY/STATE/ZIP)	A
Having been named as registered agent and to accept service of process for the a corporation at the place designated in this certificate, I hereby accept the appointment a agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent.	as registered f all statutes
SIGNATURE) JONE 16 20	02