Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

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

Account Number : 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

THE PERFECT POCKETBOOK, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECKETARY OF STATE TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION OF THE PERFECT POCKETBOOK, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

THE PERFECT POCKETBOOK, INC.

The principal place of business of this corporation shall be:

167 SE VILLAGE DRIVE PT ST LUCIE FL 34952

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 States, 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 value that this corporation is authorized to have outstanding at any one time is:

500 (FIVE HUNDRED)

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) and director(s), if any, who shall hold officer the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President: CAROLE GRESS

167 SE VILLAGE DRIVE PT ST LUCIE FL 34952

Vice President: STEPHEN DELAPLAINE 1558 HATFIELD CT PT ST LUCIE FL 34952

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ARTICLE VI INCORPORATOR(5)

The name(s) and street address(es) of the incorporators(s) to this articles of incorporation is(are):

CAROLE GRESS 167 SE VILLAGE DRIVE PT ST LUCIE, FL 34952

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OR INCORPORATION THIS 17TH DAY OF JULY 2002.

SIGNATURE(S) OF INCORPORATOR(S)

Parole wiew

7.-

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CERTIFICATE OF DESIGNATION

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.

- The name of the corporation is: THE PERFECT POCKETBOOK, INC
- The name and address of the registered agent and office is: CAROLE GRESS 167 SE VILLAGE DRIVE PORT ST LUCIE, FL 34952

SIGNATURE CARAL SIESS

Having been name to accept the service of process for the above stated Corporation, at the place designated in this certificate. I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statues.

SIGNATURE

DATE

Prepared by: Novice's Accounting & Tax Service, Inc. 805 Virginia Ave Suite 29 Ft Pierce FL 34982 (561) 461-5987

2002 JUL 19 PM 3: 24
SECKETARY OF STATE
AN LAHASSEE FLORIDA