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Requester's Name	
	Benjamin L. Hudson 660 SW 164th Ave. Pembroke Pines, FL 33027-1086
City/State/Zip	Phone #

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-09/16/02--01048--008
*****78.75 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
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4. _____
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02 SEP 23 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 17, 2002

BEN L. HUDSON
660 SW 164TH AVENUE
PEMBROKE PINES, FL 33027-1086

SUBJECT: PROLINE NETWORK AND MANAGEMENT SERVICES, INC.
Ref. Number: W02000026964

We have received your document for PROLINE NETWORK AND MANAGEMENT SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filing Section

Letter Number: 102A00052933

ARTICLES OF INCORPORATION

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02 SEP 23 PM 1:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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: **PROLINE NETWORK AND MANAGEMENT SERVICES, INC.**

ARTICLE II PRINCIPAL OFFICE

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

**7900 NW 27 AVENUE, SUITE 129
MIAMI, FL 33147**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

BEN L. HUDSON 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BEN L. HUDSON

7900 NW 27 AVENUE, SUITE 159

MIAMI, FL 33147

ARTICLE V INCORPORATOR(S)

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

BEN L. HUDSON- PRESIDENT - 660 SW 164 AVENUE, PEMBROKE PINES FL 33027

ARTICLE VI DIRECTORS

The name(s) and address(es) of the initial directors are:

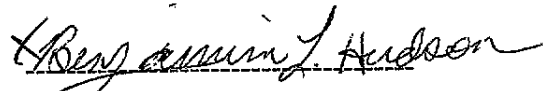
BEN L. HUDSON- PRESIDENT -660 SW 164 AVENUE, PEMBROKE PINES, FL 33027

BRENDA L. HUDSON-SECRETARY-660 SW 164 AVENUE, PEMBROK PINES FL 33027

PAQUITA H. ROBERTS- V/P-P.O. BOX 2189, EAST ORANGE, NJ 07019

AARON JACKSON-TREASURER- 3435 NW 82 STREET, MIAMI, FL 33147

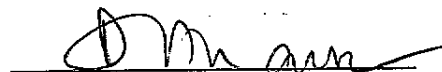
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 5 TH day SEPTEMBER,2002

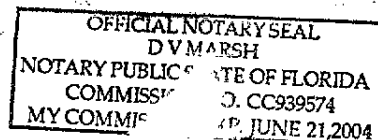

Signature- BEN L. HUDSON

Signature-

Signature-

Sworn to and subscribed before me this 5TH day of SEPTEMBER, 2002.


Notary Public



**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: **PROLINE NETWORK AND MANAGEMENT SERVICES, INC.**

2. The name and address of the registered agent and office is:

BEN L. HUDSON
7900 NW 27 AVE, SUITE 129

MIAMI, FL 33147

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 and accept the obligations of my position as registered agent.

Benjamin L. Hudson
Signature

Sept 5, 02

Date

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02 SEP 23 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA