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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

COMPLINE CORPORATION

Certificate of Status	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

COMPLINE CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3800 Park Central Blvd. North
Pompano Beach, Florida 33064**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All purposes permitted by the laws of the
State of Florida**ARTICLE IV SHARES**

The number of shares of stock is:

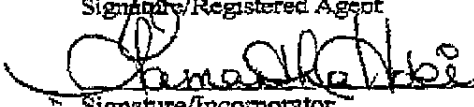
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ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Samantha Hobi - President
3800 Park Central Blvd. North
Pompano Beach, Florida 33064**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:Gregory S. Starr, Esq., 515 Seabreeze
Boulevard, Suite 220, Fort Lauderdale, FL 33316**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Samantha Hobi, 3800 Park Central Blvd.
North, Pompano Beach, Florida 33064*****
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent10-1-02

Date

Signature/Incorporator10/01/02

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