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To:

Division of Corporations

Fax Number : (850)205~0381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

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SECRETARY OF STATE TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

The MTF Group Inc.

Certificate of Status	1
Certified Copy	0
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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:

The MTF Group Inc.

ARTICLE II PRINCIPAL OFFICE

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

The MTF Group Inc.

6413 Astor Village Avenue - #109 Orlando, FL 32835

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Matthew Thomas Freeman 6413 Astor Village Avenue - #109 Oriando, FL 32835 02 NOV -5 PH 4: 42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

16:59 5169353088

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ARTICLES V INCORPORATOR(S)

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

Matthew Thomas Freeman 6413 Astor Village Avenue - #109 Orlando, FL 32835

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

5th day of November 2002.

Matthew Thomas Freeman - Signature

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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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	1.	The name	of the corporation is	The MTF Group	Inc.
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2. The name and address of the registered agent and office is:

Name

6413 Astor Village Avenue - #109

(P.O. Box or Mail Drop Box NOT Acceptable)

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Orlando, FL 32835

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Matthew Thomas Freeman

SIGNATURE

11507 November 5th, 2002

(Date)