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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

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02 DEC -9 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

ALLSTAR FLORIDA TRANSFER INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF INCORPORATION
OFALLSTAR FLORIDA TRANSFER 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:

ALLSTAR FLORIDA TRANSFER INC
The principal place of business of this corporation shall be:

6476 VIA ROSA BOCA RATON FLA.
33433

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: 10 value \$1.00 each share

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 office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MICHAEL SHAPIRO - 6476 Via ROSA
BOCA RATON FLA
33433

ARTICLE VI INCORPORATOR(S)

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

MICHAEL SHAPIRO
6476 VIA ROSA
BOCA RATON FLA 33433

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this,

4 day of DEC 2002

Signature(s) of Incorporator(s)

Michael Shapiro

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

ALLSTAR FLORIDA TRANSFER INC

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

MICHAEL SHAPIRO 6476 VIA ROSA

(P.O. BOX NOT ACCEPTABLE)

BOCA RATON FL 33431

(CITY/STATE/ZIP)

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 SECRETARY OF STATE
 TALLAHASSEE
 FLORIDA

SIGNATURE

TITLE

DATE

HAVING BEEN NAMED TO ACCEPT 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 STATUTES.

SIGNATURE

DATE