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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number: 120000000257 Phone : (850)224-8870

Fax Number

: (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

T.M.S. ASSOCIATES, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

T.M.S. ASSOCIATES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is T.M.S. ASSOCIATES, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 3871 Estepona Avenue, Miami, FL 33178.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is susan Traino, 3871 Estepona Avenue, Miami, FL 33178.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Susan Traino, 3871 Estepona Avenue, Miami, FL 33178.

ARTICLE VII: SPECIAL PROVISION

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 16th day of January 2003.

"Capital Connection, Inc. by Stacey Leggett, Client Representative"

Stacey Seggett

CAPITAL CONNECTION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

| Pursuable to the provisions of section 607.0501, Florida Stantes, the mentioned 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 corpor | ation is: T.M.S. | associates, Inc | |
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| | | | |
| 2. The name and street ad | dress of the registered age | nt and office in | |
| Sus | in Traini | • | |
| 387 | 11 Edepon | a foc | |
| mia | mi Fl | 33178 | |
| Have been named a process for the ab- certificate, I here agree to act in the provisions of all s performance of M | is registered agent Hove corporation a By accept the appo Is capacity, 1 furth Itatutes relating : | F And to accept service of It the place designated in this Iniment as registered agent and ER agree to comply with the TO the proper and complete Amiliar with and accept the | |