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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 : FAS-T CORP. AGENTS, INC.

FLORIDA PROFIT CORPORATION OR P.A.

TOM JAWORSKI, INC.

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ARTICLES OF INCORPORATION OF

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

TOM JAWORSKI, 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 | NAME

The name of the corporation shall be: TOM JAWORSKI, INC.

The principal place of business of this corporation shall be: 1671 WYNDCLIFF DRIVE, WELLINGTON, PL 33414

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: $_{500~\text{SHARES OF § 1.00 EACH}}$

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

TOM JAWORSKI 1671 WYNDOLLIF DRIVE, WELLINGTON, FL 33414

ARTICLE VI INCORPORATOR(S)

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

TOM JAWORSKI 1671 WYNDCLIFF DRIVE, WELLINGTON, FL 33414

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 21 st day of Pebruary, 2005

Signature(s) of Incorporator(s)

Tom Joworski

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.

2. The name and address of the registered agent and					
. ine nam office is:	e ana aaar	ess of	the registe	ered ager	it and
	TOM JAWORSKI	1671 WY	OCLIFF DRIVE,		•
	{P.O.	BOX NO	T ACCEPTA	BLE) ·	
	WE	LLINGION,	FLORIDA, 3341.4	•	
•		(CITY/S	TATE/ZIP)		, ,
•	•	.•	•	•	
• •		•		•	•
•			SIGNATURE	Tom	awark
			SIGNATURE	-	
				INCORPORAT	OR
		•	- 11165	· · · · · · · · · · · · · · · · · · ·	
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,	•	:	_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 Tom Journal SEC. 37EB 26