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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

FLORIDA PROFIT CORPORATION OR P.A.

SCOTT LOMBARD, P.A.

Certificate of Status	1
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Estimated Charge	\$87.50

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CO-5702

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ARTICLES OF INCORPORATION
OF
SCOTT LOMBARD, P.A.

FILED
03 MAY -7 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with the requirements of F.S. Chapter 607 and 621, the undersigned hereby acts as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I

The name of this corporation is: Scott Lombard, P.A.

ARTICLE II

The street address of the principal place of business of the corporation is: 3111 University Drive, Suite 111, Coral Springs, Florida 33065.

ARTICLE III

The specific purpose for which the corporation is organized is: Real Estate Sales

ARTICLE IV

The maximum number of shares this corporation is authorized to issue is 100, par value \$0 per share, all of which shall be common shares. All common shares shall be identical with each other in every respect and the holders of common shares shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLE V

The initial street address of the corporation's registered office is: 3111 University Drive, Suite 111, Coral Springs, Florida, 33065. The initial registered agent for the corporation at that address is: Scott Lombard.

ARTICLE VI

The name and street address of the incorporator of these articles of incorporation is:

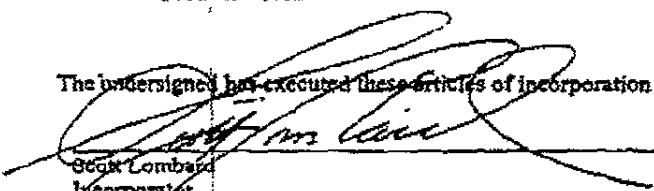
Name

Address

Scott Lombard

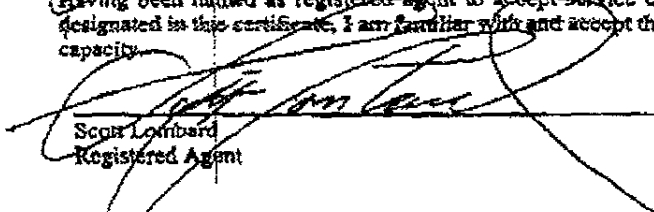
3111 University Drive
Suite 111
Coral Springs, Florida 33065

The undersigned has executed these articles of incorporation


Scott Lombard
Incorporator

5/6/03
Date

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.


Scott Lombard
Registered Agent

5/6/03
Date

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03 MAY -7 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

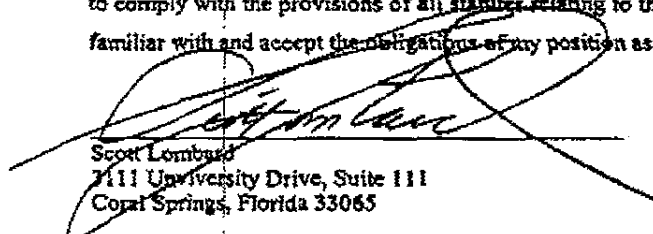
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

UNDER THE PROVISIONS OF F.S. 607.0501, 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 is: Scott Lombard, P.A.
2. The name and address of the registered agent and office is:

Scott Lombard
3111 University Drive, Suite 111
Coral Springs, Florida 33065

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 accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Scott Lombard
3111 University Drive, Suite 111
Coral Springs, Florida 33065

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