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To:

Division of Corporations

Fax Number

: (850)205-0381

Prom:

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

: (850)224-8870

Fax Number

: (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

CLUB MARKETING & MANAGEMENT SERVICES FLORIDA, INC.

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CAPITAL CONNECTION

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ARTICLES OF INCORPORATION

TALLAHASSEE, FLORIDA

OF

CLUB MARKETING & MANAGEMENT SERVICES FLORIDA, 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 CLUB MARKETING & MANAGEMENT SERVICES FLORIDA, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is #441-11863 Wimbeldon Circle, Wellington, FL 33414.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$.01) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Lou Astri, 441-11863 Wimbeldon Circle, Wellington, FL 33414.

ARTICLE V: INCORPORATOR

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

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is Lou Astri, 441-11863 Wimbeldon Circle, Wellington, FL 33414.

The undersigned has executed these Articles of Incorporation this 4th day of June 2003. Your Capital Connection, Inc., by Stacey Leggett, Client Representative

Storey Keggett.

850 222 1222

06/04 '03 10:41 No.805 04/04

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SECAL STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation,

The name of the corporation is: _	Club Marketine + management
	Services Florida, Inc.
1	,
<u> </u>	
The second of the second of the	
	ne registered agent and office is:
The name and street address of the	
Lou Astri	
	helden Ci-cle

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 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.

Low Athri