

FROM : (305) 639-4725
Division of Corporations

PHONE NO. : 3056394725

Aug. 20 2003 09:12PM P1

P030000092011

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : PROFESSIONAL VISA, INC.
Account Number : I20020000173
Phone : (305) 639-4737
Fax Number : (305) 639-4725

FLORIDA PROFIT CORPORATION OR P.A.

Florida Services Integration, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

8/21/03

FROM : (305) 639-4725

PHONE NO. : 3056394725

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Florida Services Integration, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4995 NW 72 Ave. Suite 205-F
Miami, Fl. 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any or all lawful activities or business permitted under the laws of The United States, the State of Florida , or any others states ,country ,territory, or nation.

ARTICLE IV SHARES

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

One thousand shares at one dollar par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President: Elie A. Diaz
4995 NW 72 Ave. Suite 205-F
Miami, Fl. 33183

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FROM : (305) 639 4725 PHONE NO. : 3056394725

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((H03000 2579644))

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

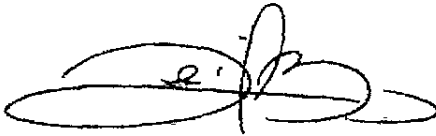
Elie A. Diaz
4995 NW 72 Ave. Suite 205-F
Miami, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

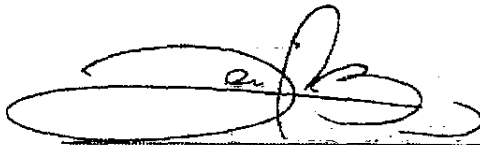
Elie A. Diaz
4995 NW 72 Ave. Suite 205-F
Miami, FL 33183

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



Signature/Registered Agent

Date



Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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