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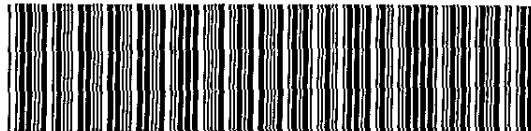
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

SUBJECT: AROUND 2 IT, INC.

ENCLOSED PLEASE FIND A COMPLETED ORIGINAL AND ONE COPY OF THE
ARTICLES OF INCORPORATION AND CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE FOR THE ABOVE NAMED
CORPORATION AND A CHECK IN THE AMOUNT OF \$122.50.

FROM:

Brian K. Burke
9380 Callindra Drive
Boynton Beach, FL 33436
(561) 662-7413

ARTICLES OF INCORPORATION
OF
AROUND 2 IT, INC.

The undersigned subscriber to these articles of incorporation, a natural person competent to contract in the state of Florida, hereby associate oneself to form a corporation for profit under the laws of the state of Florida.

ARTICLE I. NAME

The name of the corporation is:

AROUND 2 IT, INC.

ARTICLE II. ADDRESS

The address of the corporation shall be:

9380 CALLINDRA DRIVE, BOYNTON BEACH, FL 33436

ARTICLE III. NATURE OF BUSINESS

The general nature of business to be transacted by this corporation is any business or business activity permitted under the laws of the state of Florida and of the United States of America.

ARTICLE IV. CAPITAL STOCK

The maximum number of shares of stock this corporation is authorized to have outstanding at any one time is one thousand shares of common stock with a par value of one dollar per share.

ARTICLE V. TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE VI. REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of this corporation in the State of Florida is:

BRIAN K. BURKE

9380 CALLINDRA DRIVE, BOYNTON BEACH, FL 33436

ARTICLE VII. DIRECTORS

This corporation shall have ONE director initially. The number of directors may be increased from time to time, by by-laws adopted by the shareholders, but shall never have less than one director.

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TALLAHASSEE, FLORIDA

ARTICLE VIII. INITIAL DIRECTORS

The name and address of the member of the board of directors is:

BRIAN K. BURKE 9380 CALLINDRA DRIVE, BOYNTON BEACH, FL 33436

ARTICLE IX. INCORPORATORS

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

BRIAN K. BURKE 9380 CALLINDRA DRIVE, BOYNTON BEACH, FL 33436

ARTICLE X. AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of directors, proposed to them by the shareholders, and approved by the shareholders at a stockholders meeting by a majority of the stock entitled to vote thereon.

IN WITNESS WHEREOF, WE HAVE MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION THIS 18 DAY OF SEPTEMBER 2003.


Brian K. Burke

STATE OF FLORIDA
COUNTY OF PALM BEACH

I hereby certify that on this day, before me, a notary public duly authorized in the state and county named above to take acknowledgments, personally appeared Brian K. Burke to me known to be the persons described as incorporator in and who executed the foregoing articles of incorporation, acknowledged before me that he subscribed to these articles of incorporation.

WITNESS MY HAND AND SEAL IN THE COUNTY AND STATE NAMED ABOVE THIS 18 DAY OF SEPTEMBER 2003.

MY COMMISSION EXPIRES:

Sept. 30, 2006


Notary Public



Nettie Ernst
MY COMMISSION # DD154458 EXPIRES
September 30, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

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

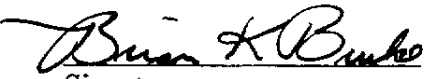
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

AROUND 2 IT, INC.

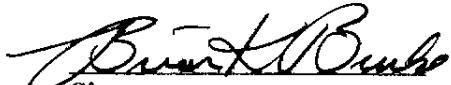
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

Brian K. Burke
9380 Callindra Drive
Boynton Beach, Florida 33436


Signature

9/18/03
Date

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY. I FURTHER AGREE TO COMPLY WITH ALL 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.


Signature

9/18/03
Date

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SECRETARY OF STA
TALLAHASSEE, FLO