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

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**ENOTESCOM COMMUNICATIONS, INC.**

Certificate of Status	0
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## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

### ARTICLE I

The initial name and address of this corporation shall be:

ENOTESCOM COMMUNICATIONS, INC.  
13860 S.W. 18<sup>TH</sup> STREET  
MIRAMAR, FLORIDA 33027

### ARTICLE II

This corporation may engage in any activity or business permitted under the laws of the State of Florida.

### ARTICLE III

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value Per Share</u>	<u>Class of Stock</u>
1000	\$1.00	Common

### ARTICLE IV

The name and address of the initial registered agent is:

ALFONSO BONILLA  
13860 SW 18<sup>TH</sup> STREET  
MIRAMAR, FL 33027

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**ARTICLE V**


The name and street address of the incorporator to this Articles of Incorporation is:

ALFONSO BONILLA – Director

13660 SW 18<sup>TH</sup> STREET  
MIRAMAR, FL 33027

The undersigned incorporator have executed these Articles of Incorporation

This 26<sup>TH</sup> day of February , 2004.

  
Signature

**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.

1. The Name of the corporation:

**ENOTESCOM COMMUNICATIONS, INC.**

2. The name and address of the registered agent and office is:

**ALFONSO BONILLA**  
**13660 SW 18<sup>TH</sup> STREET**  
**MIRAMAR, FL 33027**

Signature

Title

Date

*[Handwritten Signature]*  
*Director*

*02/26/2009*

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TALLAHASSEE, FLORIDA

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

Date

*[Handwritten Signature]*  
*02/26/2009*