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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

FLORIDA PROFIT CORPORATION OR P.A.

MESA, KAUFMAN & ROBERTS, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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:

MESA, KAUFMAN & Roberts, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

950 N KROME AVE SUITE 206
HOMESTEAD, FL 33030**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

AUTHORIZED 1000, ISSUED AND OUTSTANDING 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

TOM MESA - PRESIDENT

ARTICLE VI REGISTERED AGENT

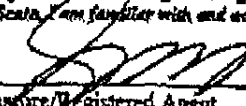
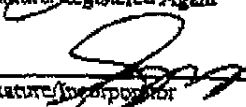
The name and Florida street address of the registered agent is:

TOM MESA - REGISTERED AGENT
4195 S.W. 60th place
Miami, Florida 33155**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

TOM MESA
4195 S.W. 60th place
Miami, Florida 33155

I, _____, being duly sworn, do hereby certify that I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

X  _____
Signature/Registered Agent3/4/04
DateX  _____
Signature/Incorporator3/4/04
Date