Division of Corporations



Florida Department of State

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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.

EVENT MASTERMINDS, INC.

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

SECRETARY OF STATE
TAILAHASSEE, FLORIDA

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF EVENT MASTERMINDS, 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 this corporation is EVENT MASTERMINDS, INC

ARTICLE II PRINCIPAL OFFICE

The principal mailing address of this corporation shall be:

1800 Sunset Harbor Drive, Ste 1003 Miami Beach, FL 33139

ARTICLE III SHARES

MARKE

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

1000 Shares of \$1.00 per value common stock

ARTICLE IV INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

IVIII.	ADDRESS
Michael Gallo	1800 Sunset Harbor Dr. Ste 1803
President, Secretary	Miami Beach, Fb 33139

1555500

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michael Gallo 1800 Sunset Harbor Dr. Ste 1003 Miami Beach, FL 33139

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Michael Gallo 1800 Sunset Harbor Dr, Ste 1003 Mlami Beach, FL 33139

Michael Gallo

March 1st 2004

ACKNOWLEDGMENT:

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 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.

Michael Gallo

94 MIR -8 PH 2: 19 SECRETARY OF STATE ALLAHASSEE, FLORING