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LAZARUS CORPORATE FI	LING SERVICE		
320 S.W. 87 AVENUE			
MAMI, FLORIDA (305)552-5973			
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		OFFICE USE ONLY	
CORPORATION NAME(s) &	DOCUMENT NUMBE	R(S) (if known):	
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OTHER FILNGS	REGISTRATION/		
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Fictitious Name	Foreign		
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Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION OF

International Service Provider, Inc

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

ARTICLE I

The name of the corporation shall be:

International Service Provider, Inc

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

224 Catalonia Avenue Coral Gables, Fl 33134

<u>ARTICLE III</u>

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

500 shares (five hundred) @ \$1.00 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Jonathan H. Edelstein 224 Catalonia Avenue Coral Gables, Fi 33134

ARTICLE V INCORPORATOR (S)

The name(s) and street address(es) of the incorporator to these Articles of Incorporation is (are):

Jonathan H. Edelstein, President 224 Catalonia Avenue Coral Gables, Fl 33134

The undersigned has(have) executed these Articles of Incorporation this __ day of January, 2004.

Signature/ Title

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Status, 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 is: International Service Provider, Inc
- 2. The name and address of the registered agent and office is:

Jonathan H. Edelstein 224 Catalonia Avenue Coral Gables, Fl 33134

Signature	
Title	
Date	

SECRETARY OF STATE TALLARY STEEL LORIDA

04 MAR 15 PM 6: 07

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS 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	_