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CAPITAL CONNECTION, INC.

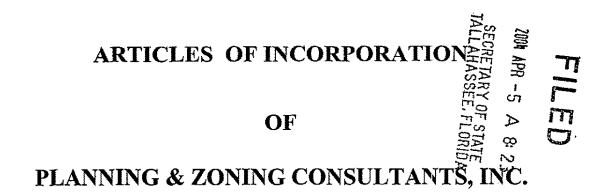
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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is PLANNING & ZONING CONSULTANTS, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation 1330 San Remo Ave., Coral Gables, FL 33146.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of one-dollar (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is W. Tucker Gibbs, 215 Grand Ave., Coconut Grove, FL 33133.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of Initial director of the corporation is Margarita Genova Cordovi, 1330 San Remo Ave., Coral Gables, FL 33146.

The undersigned has executed these Articles of Incorporation this 5th day of April 2004. ."Capital Connection, Inc. by, Leilani White, Client Representative"

ulani White

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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:	PLANNING	AND	ZONING	CONSULTANTS,	INC	
		······································				
2. The name and street address of the	e registered age	nt and	office is:			
W. TUCKERGIBB	-					
215 GRAND AVE						
COLONUT GRND	19.331	33	<u> </u>			
HAVE BEEN NAMED AS REGIST PROCESS FOR THE ABOVE COR CERTIFICATE, I HEREBY ACCE AGREE TO ACT IN THIS CAPAC	PORATION A	T THE	PLACE D	esignated in th Gistered agent	(AND	

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.