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Account Number : I20000000238 Phone

: (305)591-9448

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FLORIDA PROFIT CORPORATION OR P.A.

CAROLYN D. HARVEY, CORPORATION

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ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE

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

ARTICLE I NAME

The name of the Corporation shall be:

CAROLYN D. HARVEY, CORPORATION

The principal place of business of this corporation shall be:

PO BOX 9052

FT. LAUDERDALE, FL. 33310

ARTICLE II NATURE OF BUSINESS

This corporation may engage in CONSULTING or any business permitted under the laws of the United State, the State of Florida, or any other State, Country, Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000.

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ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) Carolyn D. Harvey whom resides at PO BOX 9052, FT. LAUDERDALE, FL. 33310.

ARTICLE VI INCORPORATORIS)

The names(s) and street address (es) of the incorporator(s) to these articles of incorporation is (are): Carolyn D. Harvey whom resides at PO BOX 9052, FT. LAUDERDALE, FL. 33310.

Signature(s) of Incorporator(s)

CAROLYN D. HARYEY President/Incorporator/Registered Agent

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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: CAROLYN D. HARVEY, CORPORATION
- 2. The name and address of the registered agent and office is:

CAROLYN D. HARVEY, CORPORATION	200	04	
6251 PALM TRACE DRIVE DAVIE FL 33314		APR 19	F
SIGNATURE:	F. FINA	AM 8: 09	E O
TITLE:/Registered Agent		•	

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: