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FLORIDA PROFIT CORPORATION OR P.A.

POLLACK & ASSOCIATES, INC.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 8, 2004

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: POLLACK & ASSOCIATES, INC

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LAZARUS CORPORATION

FAX:3052201440

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ARTICLES OF INCORPORATION

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 NAME

The pame of the corporation shall be: POLLACK & ASSOCIATES, INC.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
920 NW 49th AVE
COCONUT CREEK, FL 33063

ARTICLE III SHARES

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

100 Shares of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JASON POLLACK

920 NW 49TH AVE

COCONUT CREEK, FL 33063

HO 4000146973

ARTICLE V INCORPORATOR(S)

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

JASON POLLACK 920 NW 49TH AVE COCONUT CREEK, FL 33063

ARTICLE VI DIRECTOR(S)

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

JASON POLLACK

920 NW 49TH AVE

COCONUT CREEK, FL 33063

PRESIDENT

The undersigned incorporato(s) has(have) executed these Articles of Incorporation this 6th Day of July, 2004.

Taran Dallank Barrion

HB 4000140973

FAX: 3052201440

CERTIFICATE OF DESIGNATION REGISTERES AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is: POLLACK & ASSOCIATES, INC.

2. The name and address of the registered agent and office is:

JASON POLLACK	±°s %
(NAME)	
920 NW 49 TH AVE	
(P.O.BOX NOT ACCEPTABLE)	
COCONUT CREEK, FL 33063	
(CITY/STATE/ZIP)	~· \ 6

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.

Jason Pollack - Register Agent.