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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : JOEL SANDERS & COMPANY, PA  
Account Number : I20040000032  
Phone : (954) 385-9290  
Fax Number : (954) 385-9284

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**FLORIDA PROFIT CORPORATION OR P.A.**

**LMS Marketing, Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

LMS MARKETING, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1535 N. PARK DRIVE, SUITE 103  
WESTON, FL 33326**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: N/A

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)**

The name(s) and address(es):

LARRY SELMONSKY - PRESIDENT  
2582 SE 8<sup>TH</sup> STREET  
POMPANO BEACH, FL 33062-6738**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JOEL SANDERS, CPA  
1535 N. PARK DRIVE, SUITE 103  
WESTON, FL 33326**ARTICLE V INCORPORATOR**

The name and address of the Incorporator is:

LARRY SELMONSKY  
2582 SE 8<sup>TH</sup> STREET  
POMPANO BEACH, FL 33062-6738

.....  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Date

Signature/Incorporator

Date

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