

Florida Department of State

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Division of Corporations

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FLORIDA PROFIT CORPORATION OR P.A.

Joseph Collections Inc.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
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7/28/04

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 name of the corporation shall be:

Joseph Collections Inc.

ARTICLE II PRINCIPAL OFFICE

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

Joseph Collections Inc. 6193 Rock Island Road, Apt. 204 Tamarac, FL 33319

ARTICLE III SHARES

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

1,500 Shares at No Par Value

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Abee Moses 6193 Rock Island Road, Apt. 204 Tamarac, FL 33319

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are);

Abee Moses- President 6193 Rock Island Road, Apt. 204 Tamarac, FL 33319

ARTICLES VI INCORPORATOR(S)

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

Abee Moses 6193 Rock Island Road, Apt. 204 Tamarac, FL 33319

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Abée Moses - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is: | Joseph Collections Inc. | |
|--|--|----------------------|
| 2. The name and address of the regista | ered agent and office is: | |
| | Abee Moses | |
| | Name | · |
| | 6193 Rock Island Road, Apt. 204 | |
| | (P.O. Box or Mail Drop Box NOT Acceptable) | |
| | Tamarac, FL 33319 | |
| | (City / State / Zip) | , - 1- 14 |

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

July 27, 2004

(Date)

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HASSEE, FLORIDA