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Division of Corporations

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From:

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FLORIDA PROFIT CORPORATION OR P.A.

Thomas Nigrelli Inc.

Certificate of Status	1
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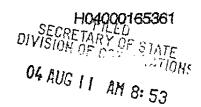
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ARTICLES OF INCORPORATION

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 name of the comoration shall be:

Thomas Nigrelli Inc.

ARTICLE II PRINCIPAL OFFICE

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

Thomas Nigrelli Inc. 502 Wexford Drive Venice, FL 34293

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

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

Thomas Nigrelli 1804 Scarlett Avenue North Port, FL 34289

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):

Thomas Nigrelli- President 1804 Scarlett Avenue North Port, FL 34289

ARTICLES VI INCORPORATOR(S)

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

Thomas Nigrelli 1804 Scarlett Avenue North Port, FL 34289

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

10th day of August 2004.

Thomas Nigrelli - 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:	Thomas Nigrelli Inc.	
		
2. The name and address of the register	red agent and office is:	
	Thomas Nigrelli	
<u></u>	Name	•
	1804 Scarlett Avenue	
***	(P.O. Box or Mail Drop Box NOT Acceptable)	
	North Port, FL 34289	
	(City / State / Zip)	
agent and agree to act in this capaci relating to the proper and complete	in this certificate, I hereby accept the appointment as registity. I further agree to comply with the provisions of all the st performance of my duties, and am familiar with and accept	tatutes
obligations of my position as register	rea agent.	D
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Brail	August 10, 2004	53 104 104
Thomas Nigrelli	(Date)	, 'a

SIGNATURE