ida Department of State

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Division of Corporations

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Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

FLORIDA PROFIT CORPORATION OR P.A.

PHYBES, INC.

Certificate of Status	1
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10/5/2004

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ARTICLES OF INCORPORATION

OF

PHYBES, INC.

The Undersigned, incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, herby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: PHYBES, INC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address of this corporation shall be: 108 Kingfisher Drive, Ponte Vedra Beach, Florida 32082

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) Shares Without Par Value

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: James Fallon, 108 Kinglisher Drive, Ponte Vedra Beach, Florida 32082

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:
James Fallon, 108 Kingfisher Drive, Ponte Vedra Beach, Florida 32082

JAMES FALLON, HICORPORATOR

Dated: October 4, 2004

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STATE OF FLORIDA REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of §607.0501, 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:

- The name of the corporation shall be: PHYBES, INC.
- 2. The name and address of the registered agent and office is: James Fallon, 108 Kingfisher Drive, Ponte Vedra Beach, Florida 32082

JAMES FALLON,

Dated: October 4 , 2004

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.

JAMES FALLON

Dated: October 4/___ 2004