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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

teddi a. segal, pa

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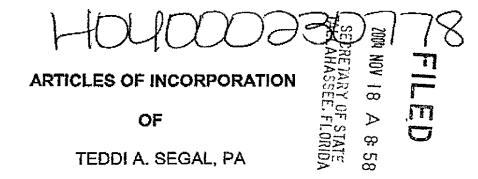
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The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: TEDDI A. SEGAL, P.A.

ARTICLE II DURATION

This corporation should commence business on November 11, 2004.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1220 EUCLID AVENUE #5, MIAMI BEACH, FL 33139

ARTICLE IV PURPOSE

The purpose of this corporation shall be: REAL ESTATE AND CONSULTING SERVICES.

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares common stock having an individual par value of \$1.00

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: TEDDI A. SEGAL, 1220 EUCLID AVENUE #5, MIAMI BEACH, FLORIDA 33139

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

P/VP/S/T TEDDI A . SEGAL

1220 EUCLID AVENUE #5 MIAMI BEACH, FL 33139

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7th PLACE MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation this 18TH day of NOVEMBER, 2004.

Ray Stormont Signing for Empire Corporate Kit of America,Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Teddi A Segal, PA
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED

TILED

RECRETARY OF STATE

LAHASSEE, FISTATE

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