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To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850)224-8870  
Fax Number : (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

BRILLIANT ONES, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF

BRILLIANT ONES, INC.

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

ARTICLE I - NAME

The name of the corporation shall be: **BRILLIANT ONES, INC.**

ARTICLE II - PRINCIPAL OFFICE

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

**7152 NORTH UNIVERSITY DRIVE  
TAMARAC, FLORIDA 33321**

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **100 Shares**

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is.

**MICHAEL H. WOLF, ESQ.  
3832 North University Drive  
Sunrise, FL 33351**

ARTICLE V - INCORPORATORS

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

**MARY TUCKER  
6699 RACQUET CLUB DRIVE  
LAUDERHILL, FLORIDA 33319**

THIS INSTRUMENT PREPARED BY:  
MICHAEL H. WOLF, P.A.  
3832 NORTH UNIVERSITY DRIVE  
Sunrise, FL 33351  
TEL: (954) 748-8233  
FLORIDA BAR #231924

The undersigned incorporator has executed these Articles of Incorporation this 19<sup>th</sup> day of October, 2004.

  
Incorporator

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CAPITAL CONNECTION

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OF 617.0501, 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.

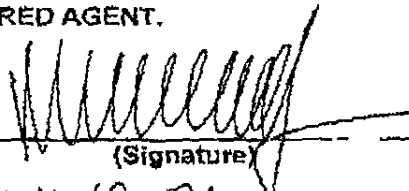
1. THE NAME OF THE CORPORATION IS: BRILLIANT ONES, INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

MICHAEL H. WOLF, ESQ.  
(NAME)

3832 NORTH UNIVERSITY DRIVE  
(STREET ADDRESS)

SUNRISE, FL 33351  
(CITY/STATE/ZIP)

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.

  
(Signature)

Date: 11-10-04, 2004

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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