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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

SSLOANS, Inc.

Certificate of Status	1
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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 corporation shall be:

SSLOANS, Inc.

ARTICLE II PRINCIPAL OFFICE

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

SSLOANS, Inc.
18851 NE 29th Avenue, Suite 777
Aventura, FL 33180

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 \$0.01 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Scott E. Sims
18851 NE 29th Avenue, Suite 777
Aventura, FL 33180

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

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TALLAHASSEE, FLORIDA

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

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

Dr. Scott E. Sims - President
18851 NE 29th Avenue, Suite 777
Aventura, FL 33180

ARTICLES VI INCORPORATOR(S)

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

Dr. Scott E. Sims
18851 NE 29th Avenue, Suite 777
Aventura, FL 33180

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

16th day of December 2004.

A handwritten signature in cursive script that reads "Scott E. Sims". The signature is written in dark ink and is positioned above a horizontal line.

Dr. Scott E. Sims - 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: **SSLOANS, Inc.**

2. The name and address of the registered agent and office is:

Dr. Scott E. Sims

Name

18851 NE 29th Avenue, Suite 777

(P.O. Box or Mail Drop Box NOT Acceptable)

Aventura, FL 33180

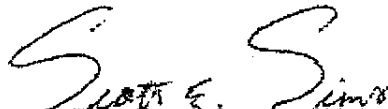
(City / State / Zip)

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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.



Dr. Scott E. Sims
SIGNATURE

December 16, 2004

(Date)