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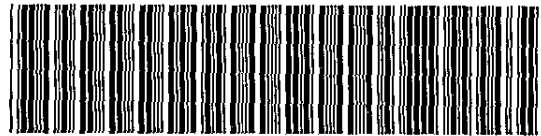
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/07/05--01041--004 **122.50

FILED
05 APR -7 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APRIL 04, 2005

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: **ALICIA DUNCAN ENTERPRISES, INC.**

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION AND
A CHECK FOR \$122.50.

FROM:

**ALICIA DUNCAN
ALICIA DUNCAN ENTERPRISES, INC.
112 LYMAN PLACE
WEST PALM BEACH, FL 33409**

FILED

ARTICLES OF INCORPORATION

05 APR -7 PM 2:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

THE NAME OF THE CORPORATION SHALL BE ALICIA DUNCAN ENTERPRISES, INC.

ARTICLE II

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

**ALICIA DUNCAN ENTERPRISES, INC.
112 LYMAN PLACE
WEST PALM BEACH, FL 33409**

THE MAILING ADDRESS OF THIS CORPORATION SHALL BE:

**ALICIA DUNCAN ENTERPRISES, INC.
112 LYMAN PLACE
WEST PALM BEACH, FL 33409**

ARTICLE III

THE ORIGINAL OFFICERS OF THE CORPORATION SHALL BE:

**PRESIDENT: ALICIA DUNCAN
112 LYMAN PLACE
WEST PALM BEACH, FL 33409**

ARTICLE IV

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 SHARES.

ARTICLE V

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

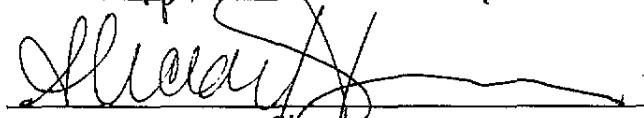
**ALICIA DUNCAN
112 LYMAN PLACE
WEST PALM BEACH, FL 33409**

ARTICLE VI

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE
ARTICLES OF INCORPORATION IS:

**ALICIA DUNCAN
112 LYMAN PLACE
WEST PALM BEACH, FL 33409**

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF
INCORPORATION THIS April DAY OF 4, 20 05.


Signature

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

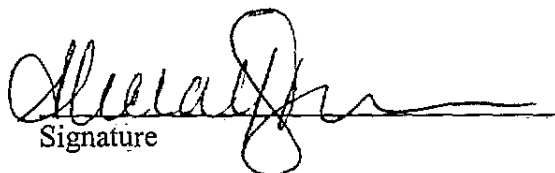
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

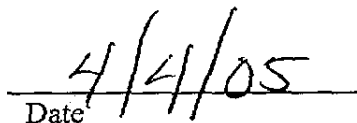
1. THE NAME OF THE CORPORATION IS **ALICIA DUNCAN ENTERPRISES, INC.**

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

**ALICIA DUNCAN
112 LYMAN PLACE
WEST PALM BEACH, FL 33409**

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