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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

sarah web consultants, inc.

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EBARTICLES OF INCORPORATION

OF.

SARAH WEB CONSULTANTS, INC.

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 SARAH WEB CONSULTANTS, INC. ARTICLE II PRINCIPAL OFFICE

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

1570 SW 6TR AVENUE BOCA RATON, FL 33486 ARTICLE III CAPITAL STOCK

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

500 SHARES 6 \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is (are)

ZARI SUBSMAN 1570 S.W. 6^{TR} AVENUE BOCA RATON, FL 33486

ARTICLE V INCORPORATOR (S)

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

ZARI SUSSMAN 1570 S.W. 6⁷⁸ AVENUE BOCA RATON, FL 33486

The undersigned has this 25TH day of APRIL, 2005.

SIGNATURE & TITLE

DATE

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CERTIFICATE OF DESIGNATION 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 mass of the corporation is: SARAH WEB CONSULTANTS, INC.
- 2. The name and address of the registered agent is

 ZARI SUSSMAN

 1570 S.W. 6TR AVENUE

 BOCA RATON, FL 33486

ZARI SUSSMAN

TITLE : PRESIDENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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.

DATE_

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