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# FLORIDA PROFIT CORPORATION OR P.A.

The Marketing Concierge Inc.

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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:

The Marketing Concierge Inc.

ARTICLE II PRINCIPAL OFFICE

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

The Marketing Concierge Inc. 1707 West Burke Street Tampa, FL 33604

#### 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 No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Carly Benson 1707 West Burke Street Tampa, FL 33604

Prepared By:
3ruce B. Hubbard
7 East John St.
licksville, New York 11801
-516-935-3940

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

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

Carly Benson - President 1707 West Burke Street Tampa, FL 33604

# ARTICLES VI INCORPORATOR(S)

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

Carly Benson 1707 West Burke Street Tampa, FL33604

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

21st day of June 2005.

Carly Benson - Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is: The Marketing Concierge Inc.

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.

2. The name and address of the registere	d agent and office is:	_	د. بر ترکستا
	Carly Benson		i. st
•	Name		ethat f ∵ <del>set</del>
	1707 West Burke Street		>
•	(P.O. Box or Mail Drop Box NOT Acceptable)		لن
	Tampa, FL 33604		خصيني.
	(City / State / Zip)		
	i. I further agree to comply with the provisions of erformance of my duties, and am familiar with a d agent.		
Carly Benson	June 21, 20 (Date)	05	-
SIGNATURE -	(Date)		