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FLORIDA PROFIT CORPORATION OR P.A.**Integration Specialists, Inc.**

Certificate of Status	1
Certified Copy	0
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J. Shivers AUG 18 2005

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:

Integration Specialists, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**Integration Specialists, Inc.
5293 NW Almond Avenue
Port St. Lucie, FL 34986**

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ARTICLE III SHARES

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

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Christine Bowen
5293 NW Almond Avenue
Port St. Lucie, FL 34986**

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

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

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

Christine Bowen - President
5293 NW Almond Avenue
Port St. Lucie, FL 34986

ARTICLES VI INCORPORATOR(S)

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

Christine Bowen
5293 NW Almond Avenue
Port St. Lucie, FL 34986

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

16th day of August 2005.


Christine Bowen - 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: Integration Specialists, Inc.

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

Christine Bowen

Name

5293 NW Almond Avenue

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

Port St. Lucie, FL 34986

(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 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.

Christine Bowen

Christine Bowen
SIGNATURE

August 16, 2005

(Date)

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