

FROM : JIM SIERRA & ASSOC
Division of Corporations

FAX NO. : 305-271-4422

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Florida Department of State
Division of Corporations
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From:

Account Name : JIM SIERRA & ASSOCIATES
Account Number : 110677000356
Phone : (305) 271-7310
Fax Number : (305) 271-4422

FLORIDA PROFIT CORPORATION OR P.A.

CUSTOMER SPECIALISTS: , INC.

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TALLAHASSEE, FLORIDA
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ARTICLES OF INCORPORATION

- OF -

CUSTOMER SPECIALISTS, INC.

We, The UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

CUSTOMER SPECIALISTS, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is ONE HUNDRED (100) shares of common stock, having a par value of ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE HUNDRED (\$100.00) DOLLARS.

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TALLAHASSEE, FL 32310

Prepared by:
JIM SIERRA & ASSOCIATES
5550 SW 87TH AVENUE
MIAMI, FL 33165
TEL. (305) 271-7310
FAX (305) 271-4422

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ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

14413 SW 109th STREET.
MIAMI, FL 33186

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The name and street address of the member(s) of the first Board of Directors of this corporation is as follows:

SARAH ANDHA
DIRECTOR
14413 SW 109th STREET
MIAMI, FL 33186

WAJID HUSSAIN
VICE-PRESIDENT
14413 SW 109th STREET
MIAMI, FL 33186

ARTICLE IX

The name and street address of the person(s) signing these Articles of Incorporation as subscriber is as follows:

SARAH ANDHA
14413 SW 109th STREET
MIAMI, FL 33186

WAJID HUSSAIN
14413 SW 109th STREET
MIAMI, FL 33186

FROM : JIM SIERRA & ASSOC

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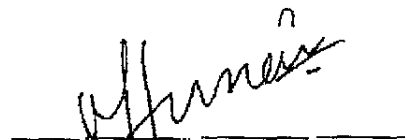
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ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, SARAH ANDHA AND WAJID HUSSAIN, being natural person(s), competent to contract, has here unto set his/their hands and seal this 13th day of SEPTEMBER, 2005.


SARAH ANDHA
DIRECTOR


WAJID HUSSAIN
VICE-PRESIDENT

Prepared by:
JIM SIERRA & ASSOCIATES
5550 SW 87TH AVENUE
MIAMI, FL 33165
TEL. (305) 271-7310
FAX. (305) 271-4422

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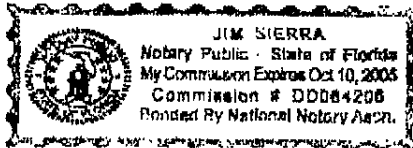
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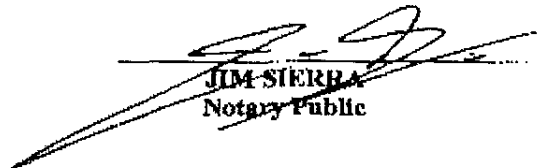
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**STATE OF FLORIDA S.S.
COUNTY OF MIAMI-DADE**

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared SARAH ANDHA AND WAJID HUSSAIN, known and known to me, to be the person(s) described herein and who executed the foregoing Articles of Incorporation, and he/she/they acknowledged before me that he/she/they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 13th day of SEPTEMBER, 2005.




JIM SIERRA
Notary Public

My commission expires:

Prepared by:
JIM SIERRA & ASSOCIATES
5530 SW 87TH AVENUE
MIAMI, FL 33165
TEL: (305) 271-7310
FAX: (305) 271-4422

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

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT: CUSTOMER SPECIALISTS, INC.WITH ITS PLACE OF BUSINESS AT: 14413 SW 109th STREET MIAMI, FL 33186HAS NAMED WAJID HUSSAIN
(Name of Registered Agent)LOCATED AT: 14413 SW 109th STREET MIAMI, FL 33186
(Street address and number of building - PO Box address ARE NOT acceptable)CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN
FLORIDA.SIGNATURE 
(Corporate Officer) SARAH ANDHA

TITLE: DIRECTOR

DATE: SEPTEMBER 13th, 2005

I, HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 
(Registered Agent) WAJID HUSSAINDATE: SEPTEMBER 13th, 2005

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TALLAHASSEE, FL 32399

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