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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : MORRIS A. LECOMPTE, P.A.

Account Number : 072100000461 : (727)896-1000 Phone

Fax Number : (727)896-1009

FLORIDA PROFIT CORPORATION OR P.A.

squaremouth, inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

squaremouth, inc.

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The undersigned, for the purpose of forming a corporation under the provisions of Chapter 607 of the Florida Statutes, hereinafter referred to as the Corporation diereby agrees to the following:

ARTICLE I

The name of the Corporation shall be "squaremouth, inc".

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS OF CORPORATION

The initial principal office of the Corporation shall be 800 Second Avenue South, Suite 380, St. Petersburg, Florida 33701. The initial mailing address of the Corporation shall be 7217 Gulf Boulevard, Suite 14184, St. Pete Beach, Florida 33706.

ARTICLE III REGISTERED OFFICE AND AGENT

Section 1. The street address of the initial registered office of the Corporation shall be 800 Second Avenue South, Suite 380, St. Petersburg, Florida 33701.

<u>Section 2</u>. The name of the initial registered agent of the Corporation located at said address shall be MORRIS A. LeCOMPTE.

ARTICLE IV CAPITAL STOCK

The authorized capital stock of the Corporation shall be One Hundred Thousand (100,000) shares of voting common stock having a par value of \$0.0001 per share.

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ARTICLE Y

The name and address of the incorporator is:

Name

<u>Address</u>

MORRIS A. LeCOMPTE

Morris A. LeCompte, P.A. 800 Second Avenue South

Suite 380

St. Petersburg, Florida 33701

IN WITNESS WHEREOF, for purposes of forming a corporation under the laws of the State of Florida, the undersigned executed these Articles of Incorporation on this 14th day of September, 2005.

MORRIS A. LeCOMPTE, Incorporator

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CERTIFICATE OF DESIGNATION AND ACCEPTANCE REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 of the Florida Statutes, the following corporation, organized under the laws of the State of Florida, submits this statement for the purpose of designating the registered office/registered agent in the state of Florida and evidencing the registered agent's acceptance of that position.

1. The name of the Corporation is:

squaremouth, Inc.

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

MORRIS A. LeCOMPTE Morris A. LeCompte, P.A. 800 Second Avenue South Suite 380

St. Petersburg, Florida 33701

MORRIS A. LeCOMPTE

Incorporator

Dated this 14th day of September, 2005.

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.

MORRIS A. LECOMPTE

Dated this 14th day of September, 2005.