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FLORIDA PROFIT/NON PROFIT CORPORATIO

ROBERTSON-TOWNSEND, INC.

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ARTICLES OF INCORPORATION OF ROBERTSON-TOWNSEND, INC.

These Articles are in compliance with Chapter 607, F.S.

ARTICLE I

The name of the corporation shall be:

ROBERTSON-TOWNSEND, INC.

ARTICLE II

This corporation shall commence existence upon the date of filling with the Division of Corporations, state of Florida, and shall mave perpetual existence.

ARTICLE III

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

150 N.W. 122ND STREET MIAMI, FL 33168

ARTICLE IV

The general nature of this corporation is to transact any and all lawful business.

ARTICLE V

The number of shares which this corporation shall have authority to issue is 100 shares, having an individual par value of <u>S 1.00</u>.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall only be one (1) class of stock of this corporation.

Prepared By:

Charles V. Williams, CPA 99 N.E. 17th Court Fort Lauderdale, FL 33305-2917 (954) 527-0859

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ARTICLE VI

The name and street address of the individual Registered Agent of this corporation shall be:

ALLYSON TOWNSEND 150 N.W. 122ND STREET MIAMI, FLORIDA 33168

ARTICLE VII

The initial Board of Directors shall consist of a total of ONE person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are) as follows:

ALLYSON TOWNSEND 150 N.W. 122ND STREET MIAMI, FL 33168 President/Secretary/Director

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

ALLYSON TOWNSEND 150 N.W. 122ND STREET MIAMI, FL 33168

The undersigned has executed these Articles of Incorporation this day of 5800000.

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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 provision 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.

Signature

SECRETARY OF STATE

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