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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-3940.

Fax Number : (516)935-3088

OB JUN -6 PH 12: 07
SECRETARSEE, FLORIDA
TALLANASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

J.L. Proofing, Inc.

Certificate of Status	1
Certified Copy	0
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M206/7

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

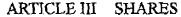
The name of the corporation shall be:

J.L. Proofing, Inc.

ARTICLE II PRINCIPAL OFFICE

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

J.L. Proofing, Inc. 5615 Marion Avenue Orlando, FL 32839



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 he name and address of the initial registered agent is:

Patricia Miller 5615 Marion Avenue Orlando, FL 32839

repared By: ruce B. Hubbard 7 East John St. icksville, New York 11801 -516-935-3940 ARCHING PHIO. O.

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

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

Joseph Leckliter - President/Director 5615 Marion Avenue Orlando, FL 32839

ARTICLES VI INCORPORATOR(S)

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

Joseph Leckliter 5615 Marion Avenue Orlando, FL 32839

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

5th day of June 2006.

Joseph Leckliter - 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 POLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

Patricia Miller Name Solis Marion Avenue (P.O. Box or Mail Drop Box NOT Acceptable) Orlando, FL 32839 (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
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obligations of my position as registered agent.

Patricia Miller

SIGNATURE

June 5, 2006

(Date)