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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE NOV 20 2006

TRANSMITTAL LETTER

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: THE STRIZ GROUP, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$78.75

FROM: MIKE STRYCZNY
34650 US HWY 19N, SUITE 109
PALM HARBOR, FL 34684

Phone 727-781-7275

61

ARTICLES OF INCORPORATION

THE STRIZ GROUP, INC.

(name of corporation)

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TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural persons(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

The name of the corporation is:

THE STRIZ GROUP, INC.

ARTICLES II - DURATION

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

ARTICLES III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLES IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares (100) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME MIKE STRYCZNY

ADDRESS 34650 US HWY 19N, SUITE 109

CITY PALM HARBOR, FL 34684

The name and street address of the Initial Registered Agent of this Corporation is:

NAME MIKE STRYCZNY

ADDRESS 34650 US HWY 19N, SUITE 109

CITY PALM HARBOR, FL 34684

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME MIKE STRYCZNY

ADDRESS 34650 US HWY 19N, SUITE 109

CITY PALM HARBOR STATE FL ZIP 34684

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ARTICLE VII - INCORPORATIONS

The name(s) and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME MIKE STRYCZNY

ADDRESS 34650 US HWY 19N, SUITE 109

CITY PALM HARBOR STATE FL ZIP 34684

NAME _____

ADDRESS _____

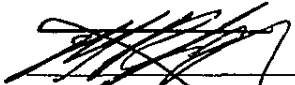
CITY _____ STATE _____ ZIP _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 17 day of Nov., 2006

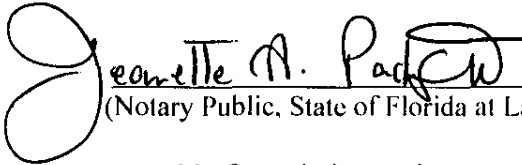
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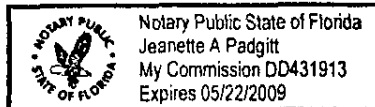
STATE OF FLORIDA
COUNTY OF Pineellas

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 17 day of Nov., 2006

 (Notary Seal)
(Notary Public, State of Florida at Large)

My Commission expires:



**CERTIFICATE AND ACKNOWLEDGMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

THE STRIZ GROUP, INC.

(name of corporation)

FILED

06 NOV 20 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Corporation

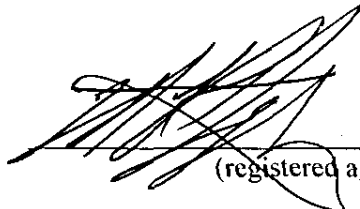
at 34650 US HWY 19N, SUITE 109
PALM HARBOR, FL 34684

has named MIKE STRYCZNY

located at the aforesaid address, as its Registered Agent, to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(registered agent)