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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

The Law Office of Jonathan S. Morris, P.A.

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J. Shivers AUG 29 2007

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ARTICLES OF INCORPORATION OF

The Law Office of Jonathan S. Morris, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **The Law Office of Jonathan S. Morris, P.A.** The specific nature of business of this professional association is the Practice of Law.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is **11723 Briarwood Circle, Suite 4, Boynton Beach, Florida 33437-1928**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is six (6) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Jonathan S. Morris, Esq., 11723 Briarwood Circle, Suite 4, Boynton Beach, Florida 33437-1928**

ARTICLE V: OFFICERS AND DIRECTORS

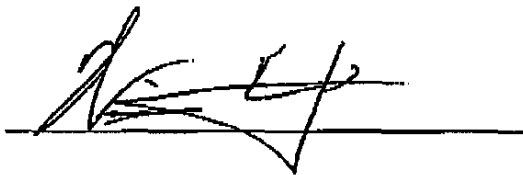
The name and address of the initial Officer and Director of this Professional Association is:
Jonathan S. Morris, Director, 11723 Briarwood Circle, Suite 4, Boynton Beach, Florida 33437-1928

ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

The undersigned has executed these Articles of Incorporation this 28th day of August 2007.

Your Capital Connection, Inc., by Weimar Lopez, Client Representative

A handwritten signature in black ink, appearing to read 'Weimar Lopez', is written over a horizontal line.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

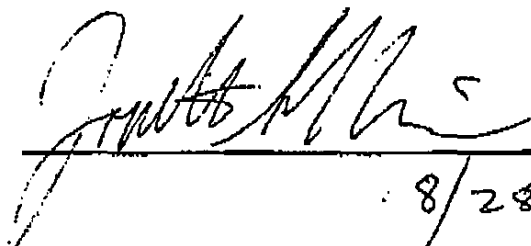
Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: The Law Office of Jonathan S. Morris, P.A.

2. The name and street address of the registered agent and office is: _____

Jonathan S. Morris, Esq., 11723 Briarwood Circle, Suite 4, Boynton Beach, FL 33437-1928

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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.


8/28/07

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