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CAPITAL CONNECTION

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

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

FLORIDA PROFIT/NON PROFIT CORPORATION

GT BILLING SERVICES, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GT BILLING SERVICES, INC.

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 **GT BILLING SERVICES, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business of the corporation is **4902 North MacDill Avenue, Apt. 1015, Tampa, FL 33614**. The mailing address of the corporation is **Post Office Box 15281, Tampa, Florida 33684**.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is **twenty (20) shares having no par value per share**.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Barbara Avellan, 4902 North MacDill Avenue, Apt. 1015, Tampa, FL 33614**

ARTICLE V: OFFICERS AND DIRECTORS

The name and address of the initial Officer and Director of this Corporation is:
Barbara Avellan, President/Director, 4902 North MacDill Avenue, Apt. 1015, Tampa, FL 33614

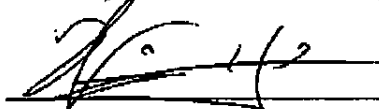
ARTICLE VI: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VII: 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 20th day of November 2007.
Your Capital Connection, Inc. by Weimar Lopez, Client Representative



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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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: _____
GT BILLING SERVICES, INC.

2. The name and street address of the registered agent and office is: _____
Barbara Avellan, 4902 North MacDill Avenue, Apt. 1015,
Tampa, FL 33614

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.

