

BLUMBERG/EXCELSIOR CORPORATION  
Fax: 888-92-9255 Jan 27 2009 12:16 PM  
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# P090000008536

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**PROFESSIONAL SERVICES ENHANCING AND INTEGRATION INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

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## **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

**PROFESSIONAL SERVICES ENHANCING AND INTEGRATION INC.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
1900 SW 163RD PLACE  
OCALA, FL 34473-7215

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**GENERAL**

### **ARTICLE IV SHARES**

The number of shares of stock is:  
**1,000 no par value**

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

**MYRNA P. WILEY( DIRECTOR)  
1900 SW 163RD PLACE  
OCALA, FL 34473-7215**

**RONALD A. PERINE( DIRECTOR)  
1900 SW 163RD PLACE  
OCALA, FL 34473-7215**

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MYRNA P. WILEY  
1900 SW 163RD PLACE  
OCALA, FL 34473-7215

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MYRNA P. WILEY  
1900 SW 163RD PLACE  
OCALA, FL 34473-7215

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Myrna Wiley*

\_\_\_\_\_  
Signature/Registered Agent

*Thomas A. Rosen*

\_\_\_\_\_  
Signature/Incorporator

*1/27/09*

\_\_\_\_\_  
Date

*1/27/09*

\_\_\_\_\_  
Date