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FLORIDA PROFIT/NON PROFIT CORPORATION

Cu-Jam Inc.

Certificate of Status	1
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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:

Cu-Jam Inc.

ARTICLE II PRINCIPAL OFFICE

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

**Cu-Jam Inc.
1717 N. Bayshore Dr., Suite 1633
Miami, FL 33132**

ARTICLE III SHARES

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

The name and address of the initial registered agent is:

**Dr. Anthony F. Williamson, P.E.
1717 N. Bayshore Dr., Suite 1633
Miami, FL 33132**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-635-3940

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

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

**Dr. Anthony F. Williamson - President/Director
1717 N. Bayshore Dr., Suite 1633
Miami, FL 33132**

ARTICLES VI INCORPORATOR(S)

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

**Dr. Anthony F. Williamson, P.E.
1717 N. Bayshore Dr., Suite 1633
Miami, FL 33132**

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

6th day of February 2009.



Dr. Anthony F. Williamson, P.E. - Signature

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**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 FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Cu-Jam Inc.**

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

Dr. Anthony F. Williamson, P.E.

Name

1717 N. Bayshore Dr., Suite 1633

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami, FL 33132

(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 obligations of my position as registered agent.


Dr. Anthony F. Williamson, P.E.
SIGNATURE

February 06, 2009

(Date)

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