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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CSH SERVICES, LLC
Account Number : I2C070000160
Phone : (800) 454-3124
Fax Number : (561) 455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

NEW WAY MARKETING, INC.

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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:

NEW WAY MARKETING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

259 N CAUSEWAY

NEW SMYRNA BEACH, FLORIDA 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, SECRETARY

DEBRA L MASTRIANNA

259 N CAUSEWAY

NEW SMYRNA BEACH, FL 32169

DIRECTOR

BRIAN M MASTRIANNA

259 N CAUSEWAY

NEW SMYRNA BEACH, FL 32169

DIRECTOR

RALPH J MASTRIANNA

259 N CAUSEWAY

NEW SMYRNA BEACH, FL 32169

DIRECTOR

TONI M SANGENITO

259 N CAUSEWAY

NEW SMYRNA BEACH, FL 32169

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PAGE 2 NEW WAY MARKETING, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DEBRA L MASTRIANNA
259 N CAUSEWAY
NEW SMYRNA BEACH, FLORIDA 32169

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

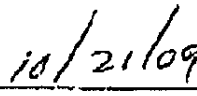
DEBRA L MASTRIANNA
259 N CAUSEWAY
NEW SMYRNA BEACH, FLORIDA 32169

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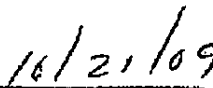
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


DEBRA L MASTRIANNA / Registered Agent


Date


DEBRA L MASTRIANNA / Incorporator


Date

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