

TRANSMITTAL LETTER

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA, 32314

SUBJECT: DENNIS P. FLYNN, C.P.A., P.A.

ENCLOSED PLEASE FIND A COMPLETED ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION AND CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE FOR THE ABOVE NAMED CORPORATION AND A CHECK IN THE AMOUNT OF \$70.00.

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FROM: DENNIS P. FLYNN

7590 LAUDEN DRIVE

LAKE WORTH, FLORIDA, 33467

(407) 967-6008

5/11/95 ZZ

ARTICLES OF INCORPORATION OF DENNIS P. FLYNN, C.P.A., P.A.

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION, EACH A NATURAL PERSON COMPETENT TO CONTRACT, AND EACH A CERTIFIED PUBLIC ACCOUNTANT LICENSED TO PRACTICE IN THE STATE OF FLORIDA, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I. NAME

THE NAME OF THE CORPORATION IS:

DENNIS P. FLYNN, C.P.A., P.A.

ARTICLE II. ADDRESS

THE ADDRESS OF THE CORPORATION SHALL BE:

3918 VIA POINCIANA, SUITE 9 LAKE WORTH, FLORIDA, 33467

ARTICLE III. NATURE OF BUSINESS

THE NATURE OF BUSINESS TO BE TRANSACTED BY THIS CORPORATION IS THE PRACTICE OF CERTIFIED PUBLIC ACCOUNTANCY.

ARTICLE IV. CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS FIVE HUNDRED SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR PER SHARE.

ARTICLE V. TERM OF EXISTENCE

THIS CORPORATION SHALL EXIST PERPETUALLY.

ARTICLE VI. REGISTERED OFFICE AND AGENT

THE NAME AND STREET ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IN THE STATE OF FLORIDA IS:

> DENNIS P. FLYNN 7590 LAUDEN DRIVE LAKE WORTH, FLORIDA, 33467

ARTICLE VII. DIRECTORS

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED FROM TIME TO TIME, BY BY-LAWS ADOPTED BY THE SHAREHOLDERS, BUT SHALL NEVER HAVE LESS THAN ONE DIRECTOR.

ARTICLE VIII. INITIAL DIRECTORS

THE NAMES AND ADDRESSES OF THE FIRST MEMBERS OF THE BOARD OF DIRECTORS ARE:

NAME:

ADDRESS:

DENNIS P. FLYNN 7590 LAUDEN DRIVE, LAKE WORTH, FL 33467

ARTICLE IX. INCORPORATIONS

THE NAMES AND ADDRESSES OF THE INCORPORATORS OF THESE ARTICLES OF INCORPORATION ARE:

NAME:

ADDRESS:

DENNIS P. FLYNN

7590 LAUDEN DRIVE, LAKE WORTH, FL 33467

ARTICLE X. AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED TO THEM BY THE SHAREHOLDERS, AND APPROVED BY THE SHAREHOLDERS AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCK ENTITLED TO VOTE THEREON.

IN WITNESS WHEREOF, WE HAVE MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION THIS 8 DAY OF 1995.

Suns P Hyun

STATE OF FLORIDA COUNTY OF PALM BEACH

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY NAMED ABOVE TO TAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED JOHN NEATHERY, TO ME KNOWN TO BE THE PERSON DESCRIBED AS INCORPORATOR IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, ACKNOWLEDGE BEFORE ME THAT HE SUBSCRIBED TO THESE ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL IN THE COUNTY AND STATE NAMED ABOVE THIS BIH DAY OF MAY 1995.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CONNI J. ALVAROE
COMMISSION # CC 449724
EXPIRES JUN 3,1999
BONDED THRU
ATLANTIC BONDING CO., INC.

CERTIFICAT: F DESIGNATION 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 DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

DENNIS P. FLYNN, C.P.A., P.A.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

DENNIS P. FLYNN
7590 L UDEN DRIVE
LAKE WORTH, FLORIDA, 33467

SIGNATURE

President

TITLE

22.00

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH ALL 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.

SIGNATURE

May 8, 1995

DATE