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Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399 Phone 904/487-6052

900001527023 -06/29/95--01050--015 ****122.50

Subject: SOUTH FLORIDA DX SERVICES, INC.

To whom it may concern.

Enclosed is an original and one (1) copy of the Articles of Incorporation for the above captioned corporation, and a check in the amount of \$122.50.

Also enclosed please find a completed UPS next day AIR BILL, please return the articles VIA this air bill.

Thank you in advance.

Sincerely

OOMPANY
STREET AODRESS
CITY
STATE ZIP CODE

75/5 78

ARTICLES OF INCORPORATION

OF

SOUTH FLORIDA DX SERVICES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SOUTH FLORIDA DX SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

43 NORTH BRIDGE STREET

LABELLE, FLORIDA 33935

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

SIXTY (60)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EFIC POWERS

210 BELMONT STREET

LABELLE, FLORIDA 33935

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

ERIC POWERS

210 BELHONT STREET

LABELLE, FLORIDA 33935

The undersigned incorporator has executed these Articles of Incorporation this 22 day of June, 1995.

C... RTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED 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: SOUTH FLORIDA DX SERVICES, INC.
- 2. The name and address of the registered agent and office is:

ERIC POWERS (Name)

210 BELMONT STREET (Address/P.O. Box NOT acceptable)

LABELLE, FLORIDA 33935 (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 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.

ZNE Porm

(Signature)

(Date)