networks PRESIDENTAL SERVICE CONT. NO. 0721000000032

REFERENCE : 689219

9441A

AUTHORIZATION :

COST LIMIT :

ORDER DATE : September 21, 1005

ORDER TIME : 9:38 AM

ORDER NO. : 689219

CUSTOMER NO:

9441A

CUSTOMER: Ms. Sharae Holcomb

ANDY TREUSCH, ESO

Suite 400

11900 Bircayne Bouleward

Miami, FL 33181

DOMESTIC FILING

NAME: E.F. BILLING ASSOCIATED, INC.

XX ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEADE RETURN THE FULLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INTTIALS:

T. BROWN SEP 2 5 1995

95 SEP 22 MI 9 32
MALLAHAS SEE SEP 10 MATE

ARTICLES OF INCORPORATION

OF

E.F. BILLING ASSOCIATES, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

E.F. BILLING ASSOCIATES, INC.

The address of the principal office of this corporation shall be 18260 Northeast 19th Avenue, Suite 103, North Miami Beach, Florida 33162, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Edyvi Franco Pres. 18260 Northeast 19th Avenue, Suite 103 North Miami Beach, Florida 33162

ARTICLE VII. INCORPORATOR

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

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301 IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on September 22, 1995.

CORPORATION SERVICE COMPANY

Bv:

Its Agent, Laura R. Dunlap

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By:

ts Agent, Laura R. Dunlar

CLD/kbr

P950000173709

E.F. Billing Associats, In 18260 NE 19th AVE Scale 103 Murth Miomi Brown, FC 35179 OFFICE USE ONLY

| CORPORATION NAME(S) | & | DOCUMENT | ΓN | IUMBER(S) | (if kno | wn): |
|---------------------|---|----------|----|-----------|---------|------|
| | | | | | | |

| (Corporation Name) | | (Document #) |
|--------------------|---|--|
| (Corporation Name) | | (Document #) |
| | | , |
| (Corporation Name) | | (Document #) |
| (Corporation Name) | | (Document #) |
| Pick up time | | Certified Copy |
| Will wait | Photocopy | Certificate of Status |
| | (Corporation Name) (Corporation Name) (Corporation Name) Pick up time | (Corporation Name) (Corporation Name) (Corporation Name) Pick up time |

| NEW FILINGS | AMENDMENTS | |
|-------------------|---------------------------------------|--|
| Profit | Amendment | |
| NonProfit | Resignation of R.A., Officer/Director | |
| Limited Liability | Change of Registered Agent | |
| Domestication | Dissolution/Withdrawal | |
| Other | Merger | |

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| OTHER FILINGS | | | |
|---------------|------------------|--|--|
| | Annual Report | | |
| | Fictitious Name | | |
| | Name Reservation | | |

| REGISTRATION/ QUALIFICATION |
|--------------------------------|
| Foreign |
| Limited Partnership |
| Reinstatement |
| Trademark |
| Other |

SH OCT 1 7 1995

CIVISION TO 115 STATE STATE STATE OF THE STA

Examiner's Initials

CR2E031(10/92)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.050 the undersigned corporation organized under submits the following statement in order to change both, in the State of Florida. | |
|--|--|
| 1a. The name of the corporation is: E.F. Billing | g Associates, Inc. |
| 1b. The mailing address of the corporation is: 182 | 21 FL 33179 |
| 1c. Date of incorporation: $\frac{9/22/45}{}$ Do | cument number: <u>P95 0000</u> 73 709 |
| 2. The name and address of the current registered ag | |
| Corporation Service Company | |
| 1201 Hays Street | 5 |
| Tallahassee, Florida 32301 | 000 |
| 3. The name and address of the new registered agent a Edyvi Franco 18260 No 1916 Ave a more property of the second of the secon | |
| The street address of its registered office and the st registered agent, as changed, will be identical. | reet address of the business office of its |
| Such change was authorized by resolution duly adopte so authorized by the board. | d by its board of directors or by an officer $\frac{10/10/95}{}$ |
| / (Signature of an officer, chairman or wice chairman of the board) | (Date) |
| Edyvi Franco President (Printed or typed name and title) | |
| Having been named as registered agent and to accept corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with an registered agent. | of service of process for the above stated red agent and agree to actin this capacity. At the state of the proper and complete decept the obligation of my position as |
| Cofran | 10/10/95 |
| (Signature of Registered Agent) | /C//C/95 (Date) |
| If signing on behalf of an entity: | |
| E.F Billing Associates Inc. | TRESIDENT |
| (Typed or Printed Name) | (Capacity) |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045(11/94)