Pepertment of State

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

> 1 0000001 71 89711 -02/19/96--01075--020 ****122.50 ****122.50

SUBJECT: The proposed corporate name - must include suffix)

Enclos	sed is an origina	l and one (1) co	py of the articles of	incorporation	n and a	ı che	ck
	= \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filling Fee & Certified Copy Additional Copy	\$131,25 Filing Fee, Certified Copy & Certificate Required	,		
	FROM:	Kevin Mame	Tayler or typed)				
		6446 Lestie Street Address					
			/, State & Zip	33418	TACES SEC	96	
			3-5830 Telephone number		SETTAY OF STA Mansier, Flor	MAR -4 // 10	FILED
					TATE ORIDA	- 10 00 00	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 22, 1996

KEVIN MAYHEW 6446 LESLIE STREET PALM BEACH GARDENS, FL 33418

SUBJECT: MAYHEW AND ASSOCIATES, INC.

Ref. Number: W96000004000

We have received your document for MAYHEW AND ASSOCIATES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filled and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6933.

Dana Farmer Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 196A00007738

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. Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be: Professional Programming Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6446 Leslie Street Palm Beach Gardens, FLorida 33418

> ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time 1,000 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Kevin M. Mayhew 6446 Leslie Street Palm Beach Gardens, FL 33418

See instructions for officers/directors

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

Mevin M. Mayhew, President/Treasurer was Leste street Pulm Deach Grains, To 331/15 Molly A. Mayhew, U. President/societary bush Leste street fulm beach Grains to 331/15

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

day of February, 19 916.

Thereis M Signature Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

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

1. The name of the corporation is:	Professional: Prog	camaing Solutions, Inc.
2. The name and address of the regis	· · · · · · · · · · · · · · · · · · ·	
Kev:n M	Mayhous J (NAME)	
6446 hes.	A C STOR A NOT ACCEPTABLE)	—— % KB F
Pales Bege	4 Gardens FL 33418 (CHY/STATE/ZIP)	
orporunon at the place designated the Igent and agree to act in this canaci	agent and to accept service of proce n this certificate, I hereby accept the a ty. I further agree to comply with the erformance of my duties, and I am fam ed agent.	appointment as registered

(SIGNATURE)