PA600004/5// TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (Proposed corporaty name - must include suffix) epopolaratie -05/09/36--01014--001 *****78.75 *****78.75 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee & Certificate Filing Foe Filing Fee, Certified Copy & Certificate Filing Fee & Certified Copy **Additional Copy Required** FROM: Name (printed or typed) Address City, State & Zip

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

····· Daytime Telephone number

AUTHORIZATION BY PHONE TO

DOC EXAM

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.

The name of the corporation shall be:

OFFICE Mond, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

3921 Hernden Drive

Lake Worth, 91.33461

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

1,000 At \$1.00 Each

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

John Romero 3921 Akrnden Dive Lake Worth, 31.33461

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

• ')
JoHN Kome Bo
3977 MERNOUN DANC
SAKE) Nover111, IL, 33/161
VIRJILIO PENIN 1250 WESTFORD ST
1250 WESTFORD ST
LOWELL MA 01851
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
6 day of 11/1, 19 96.
(An additional article must be added if an effective date is requested.)
Luciver (1)
Signature Nigelia Pana
Signature
Signature

Notarization is not required

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

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: Office School DING.	<i>1</i> 1
	<u> </u>
2. The name and address of the registered agent and office is:	
JOHN KUNIERO	
3927 HERNDEN LRIVE	14:59 14:59
(P.O. Box or Mail Drop Box NOT ACCEPTABLE) ALE CRITISTATE (CITY/STATE/LIP)	

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.

CHINESTURE 5/6/96 (SIGNATURE) 5/6/96