99600051632 TRANSMITTAL LETTER

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SPUT DECISION FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

SPLIT DECISION FINANCIAL SERVICES, INC.
726 NW 90 TERRACE
PLANTATION, FL. 33324

ARTICLE III SHARES

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

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

DAVID MAYER

726 NW 90 TERRACE

PLANTATION FL. 33324

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):

<u>()</u>	CLAUDIA MARIN BARCO				
	12045 SW 12 ST. PEMBROKE PINES, Fc. 33025				

2	DAVID MAYER
	726 NW 90 TERRACE
	PLANTATION, FL. 33324

The und	lersigned in	corporator(s) has	have) executed these Articles of Incorporation this
9	day of	TUNE	10.96

(An additional article must be added if an effective date is requested.)

Signature
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 RECISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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1.	The name of the corporation is:	DPLIT	DECISION	FINANCIAL	DERVICE

2. The name and address of the registered agent and office is:

DAVID MAYER
(NAME)

726 NW 90 TERRACE
(P.O. BOX OF MAIL Drop BOX NOT ACCEPTABLE)

PLANTATION, FC, 3332 Y
(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.

(SIGNATURE) (DATE)