P960000 91336 Michael T. Haire

Attorney at Law

200 S. Harbor City Blvd., Suite 201 Melbourne, FL 32901

6278 N. Federal Hwy., Suite 23 Fort Lauderd 6. FL 33308 Please replyto Milhoume address?

October 30, 1996

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

400001996164---4 -11/05/96--01115--008 ****122.50 ****123.50

RE: MICHAEL T. HAIRE, P.A.; Articles of Incorporation

Dear Sir:

Enlcosed please find an original and one (1) copy of the Articles of Incorporation for Michael T. Haire, P.A. and a check in the amount of \$122.50 for the filing of these Articles and for a certified copy of same.

Return certified copy to:

Michael T. Haire, Esq. 200 S. Harbor City Blvd. Suite 201 Melbourne, FL 32901

Very truly yours,

Michael T. Haire, Esq.

MTH/dc Enclosures

F. CHESSER NOV 7 1996

ARTICLES OF INCORPORATION OF MICHAEL T. HAIRE, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business corporation Act, hereby adopts the following articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MICHAEL T. HAIRE, P.A.

ARTICLE II TERM OF EXISTENCE

This corporation shall commence at the signing of these Articles and shall exist perpetually.

ARTICLE III PURPOSE

- (a) To engage solely and specifically in the business of carrying on the general practice of law.
- (b) To engage in any activity or business lawful under the laws of the state of Florida or the United States of America.
 - (c) To invest in any type of investment.
- (d) To own real and personal property necessary for the rendering of the above referenced professional services.

ARTICLE IV PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be: 200 S. Harbor City Blvd., Suite 201, Melbourne, Florida 32901.

ARTICLE V STOCK

This corporation is authorized to issue one million (1,000,000) shares of stock at no par value.

ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Donna Christensen, 200 S. Harbor City Blvd., Suite 201, Melbourne, FL 32901.

ARTICLE VII INITIAL BOARD OF DIRECTORS

The initial board of directors shall consist of One (1) director initially. The number of directors may be increased from time to time by the By-laws, but shall never be less than one (1). The name and address of the person who shall serve as director until the first meeting of shareholders or until his successors shall have been elected and qualified are:

Michael T. Haire 132 Berkeley St. Satellite Beach, FL 32937

ARTICLE VIII INCORPORATION

The name and address of the incorporator of these Articles of Incorporation is: Michael T. Haire, Esq., 1332 Berkeley St., Satellite Beach, FL 32937.

The undersigned has executed these Articles of Incorporation this 30th day of October, 1996.

MICHAEL T. HAIRE, Esq.

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 30th day of October, 1996 by Michael T. Haire, who is personally known to me or, who has produced as identification and who did (did not) take an oath.

OFFICIAL NOTARY SEAL
DONNA CHRISTENSEN
COMMISSION NUMBER
CC489207
MY COMMISSION EXP.
AUG. 17,1999

Notary Public, State of Florida
My commission expires: 8-17-99

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office in the State of Florida.

- The name of the corporation is: MICHAEL T. HAIRE, P.A. 1.
- The name and address of the registered agent and office is: DONNA CHRISTENSEN, Suite 201, 200 S. Harbor City Blvd., Melbourne, FL 32901.

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.

Norm Chistensen
Signature

10-30-96
Date