CAPITAL CONNECTION, INC. 10140

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8670 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection



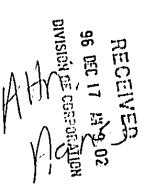
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Docombor 16, 1996

CAPITAL CONNECTION P.O. BOX 10349 TALLAHASSEE, FL 32302

SUBJECT: PROFESSIONAL SOLUTIONS ENTERPRISES, INC.

Ref. Number: W96000026337



We have received your document for PROFESSIONAL SOLUTIONS ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed 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.

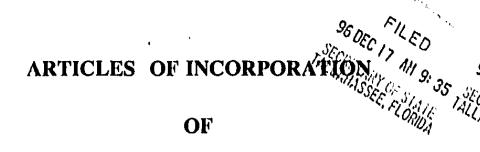
If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6928.

Agnes Lunt Corporate Specialist

Letter Number: 196A00055946



PROFESSIONAL SOLUTIONS ENTERPRISES, INC.

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 is PROFESSIONAL SOLUTIONS ENTERPRISES, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 7955 NW 12 ST., #429, MIAMI, FL 33126.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares having a par value of (\$.01) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is John Guardarrama, 7235 Coral Way, #210, Miami, FL 33155.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is John Guardarrama, 7955 NW 12 ST, #429, Miami, FL 33126.

The undersigned has executed these Articles of Incorporation this 16th day of December 1996.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

Li Cuosso

CRRTIFICATE OF DESIGNATION REGISTERED OFFICE >

Pursuant to the provisions of section 607.0501, Ploridal Statutes, the mentioned corporation, organised under the laws of the state of Plorida, submits the following statement in designating the registered office/registered agent, in the state of Plorida.

1.	The	name of (he corpo	ration 1s	· Professi	onal	
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2. off:	The Lce 1	name and	etroot Civaldo	address of	f the regi	Lstered	egent and
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO AGGEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLAGE 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.

Lee Jaubonnen