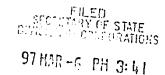
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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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.

ARTICLE I NAME

The name of the corporation shall be:

Time To Talk WIRELESS, INC. ..

ARTICLE II PRINCIPAL OFFICE

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

151 NE Triplet Dr. Casselberry, Florida 32707

ARTICLE III SHARES

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

100 shares of Common stock with a par value of \$1.00 per share

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

Gary D. Hasson 151 NE Triplet Dr. Casselberry, Florida 32707

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):

Gary D. Hasson 151 NE Triplet Dr. Casselberry, Florida 32707

i ne una	asigned in	corporator(s) nas(nave) executed these Arti	cies or incorporation uni
1st	day of _	March	, 19 <u>97</u>	- ·
(An addit	ional artic	le must be added	if an effective date is requ	ested.)
	_	Hary	D. Hassor	J
			Signature	
		· <u>· · · · · · · · · · · · · · · · · · </u>	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 isTime To Talk Wireless, Inc.	
2.	The name and address of the registered agent and office is:	
	Gary D. Hasson (NAME)	97 HAR-
	151 NE Triplet Dr. (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	-6 PH 9:
	Casselberry, Florida 32707 (CITY/STATE/ZIP)	TICKS

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.

Sary D. Hasson 3/1/97
(SIGNATURE) (DATE)