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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305) 541-3770

NAME: STEPHANIE ALEXANDER, CHARTERED

AUDIT NUMBER...... 197000004266

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0

PAGES..... 4

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ARTICLES OF INCORPORATION

OF

STEPHANIE ALEXANDER, CHARTERED

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: STEPHANIE ALEXANDER, CHARTERED

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3440 S.W. 52 STREET, FORT LAUDERDALE, FL 33312

ARTICLE III PURPOSE

The purpose of this corporation shall be:

PROFESSIONAL ASSOCIATION-LAW

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares having an individual par value of \$1.00.

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

STEPHANIE ALEXANDER

3440 S.W. 52 STREET FORT LAUDERDALE, FL 33312

RAY STORMONT EMPIRE CORPORATE KIT COMPANY 1492 West Hagler Street #200 Miarri, Horida 33135-2208 (305) 541-3884

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ARTICLE VI INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be: EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 WEST FLAGLER STREET SUITE 200 MIAMI FLORIDA 33135

The undersigned has (have executed these Articles of Incorporation this 12TH day of MARCH ,1997.

RAY'C. STORMONT/PRESIDENT

SIGNING FOR

EMPIRE CORPORATE KIT OF AMERICA, INC.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

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