9970 CRUSMITTAL DEPERSO 38

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

SUBJECT: LebitS CtoditS, Inc. (Proposed corporate name - must include suffix)					
		900	000212835 -03/31/970107: ******79.25 ***	\$91 1004 ***78.75	
Enclosed is an original	and one(1) copy of the articles	of incorporation and a c	check for :	7	
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL COPY REQUIRED			
FROM: Debits & Ctedits, Inc. Name (Printed or typed)					
6955 Hanging Moss Rd. Suite 109 Address Orlando, FL 32807 City, State & Zip					
	(407) 677-82 Daytime Teleph	& ン one number	SECKETARY TALLAHASSE	FILED PH 3: Q	
		5r 197 9 - 1997	E. FLORIDA	PH 3: Q4	

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 1, 1997

MIKE HAMILLA 6955 HANGING MOSS ROAD, SUITE 109 ORLANDO, FL 32807

SUBJECT: DEBITS & CREDITS, INC.

Ref. Number: W97000007511

We have received your document for DEBITS & CREDITS, INC. and your check(s) totaling \$79.25. 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.

You must list at least one incorporator with a complete business street address.

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.

Letter Number: 397A00016342

Agnes Lunt Corporate Specialist

ARTICLES OF INCORPORATION

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

ARTICLE I CORPORATE NAME

STAR S PH 3: OF

The name of the Corporation is Debits & Credits Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The Principal place of business and mailing address of this Corporation shall be: 6955 Hanging Moss Rd., Suite 109, Orlando, FL 32807

ARTICLE III REGISTERED OFFICE/AGENT

The street address of the Corporation's initial registered office in the State of Florida is 6955 Hanging Moss Rd., Suite 109, Orlando, FL 32807; and the name of its initial registered agent at such address is Mike Hamilla.

ARTICLE IV AUTHORIZED CAPITAL STOCK

The total number of shares of which the Corporation shall have the authority to issue are 100,000,000, and the par value of each share shall be NO PAR VALUE.

ARTICLE V PROVISIONS

The provisions for the regulations of the internal affairs of the Corporation shall be as set forth in the bylaws.

ARTICLE VI BOARD OF DIRECTORS AND INCORPORATORS

The number of directors constituting the initial Board of Directors of the Corporation is 1.

The name and address of each person who is to serve as incorporators and members of the initial Board of Directors of the Corporation are as follows:

Mike Hamilla 525 S. Conway Rd. #47 Orlando, FL 32807

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation on this, the 27th day of March, 1997.

Incorporator 1

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 is:	Debits&Credits G	rocp, Inc.
2. The name and address of the regi	istered agent and office is:	
Mike	Mike Hamilla (NAME)	
6955 (P.O.E	Hanging Moss Rd. Scite 1 BOX OF MAIL DROP BOX NOT ACCEPTABLE)	O 9 PERFERENCE OF THE SECOND O
<u>Orlar</u>	ndo, PL 32807 (CITY/STATE/ZIP)	TATEL

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.

Mile Wall 4/4/97 (SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314