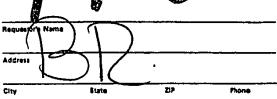
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CORPORATION(S) NAME

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ARTICLES OF INCORPORATION OF MULTIWORX, INC

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:

MULTIWORX, INC

ARTICLE II PRINCIPAL OFFICE

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

2047 WINNERS CIRCLE NORTH LAUDERDALE, FL 33068

ARTICLE III CAPITAL STOCK

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

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

JOSEPH REED

2047 WINNERS CIRCLE

NORTH LAUDERDALE, FL 33068

ARTICLE V INCORPORATOR (S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JOSEPH REED
2047 WINNERS CIRCLE
NORTH LAUDERDALE, PL 33068

The undersigned has (have) executed these Articles of Incorporation this <u>15th</u> day <u>AUGUST.1997</u>.

SIGNATURE & TITLE

DATE

CERTIFICATE OF DESIGNATION 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:

MULTIWORX, INC

2. The name and address of the registered agent and office is:

JOSEPH REED 2047 WINNERS CIRCLE NORTH LAUDERDALE FL 33068

SIGNATURE Della Rock (corporate officer)

TITLE ROSINGUE

DATE 8/18/97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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.

SIGNATURE S. SECRETARY OF STATE

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REGISTERED AGENT FILING FEE: \$35.00