PATOMONTAL LETTER THE

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

700002287367--6 -09/08/97--01126--016 *****122.50 ****122.50

SUBJECT: _	YOURS TRULY, PERSONAL (Proposed of	L ASSISTANTS, INcorporate name - must includ	
Enclosed is an original \$70.00 Filing Fee	Filing Fee	\$122.50 Filing Fee	check for : \$131.25 Filing Fee,
	& Certificate	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate PPY REQUIRED
FRON			·
Name (Printed or typed) 251 SO. STATE ROAD 7 Address			97 SEP -8
PLANTATION, FL 33317			3

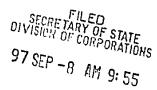
NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

(954) 522 - 0067

26/10/



ARTICLES OF INCORPORATION

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 shall be:

YOURS TRULY, PERSONAL ASSISTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

251 SO. STATE ROAD 7 PLANTATION, FL 33317

ARTICLE III SHARES

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

ONE THOUSAND (1,000) SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LAURA BABOORAM

251 SO. STATE ROAD 7 PLANTATION, FL 33317

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LAURA BABOORAM 251 SO. STATE ROAD 7 PLANTATION, FL 33317

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

LAURA BABOORAM.

Date