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*Attorneys At Law*

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November 10, 1997

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

Re: **My Processor, Inc.**

000002344270--0  
-11/12/97--01031--016  
\*\*\*\*122.50 \*\*\*\*122.50

To Whom It May Concern:

Enclosed are the Articles of Incorporation of **My Processor, Inc.**, together with a check in the amount of \$122.50, made payable to the Secretary of State for the filing fee.

Sincerely,

  
Steven T. Samiljan

STS/ajs  
Enclosure

97 NOV 12 AM 9:46  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

11-17-97  
WS

**ARTICLES OF INCORPORATION OF**  
**MY PROCESSOR, INC.**

FILED STATE  
SECRETARY OF CORPORATIONS  
617 NOV 12 AM 9:17

**ARTICLE I - NAME**

The name of the corporation is **MY PROCESSOR, INC.**

**ARTICLE II - COMMENCEMENT AND DURATION**

This corporation is to commence its corporate existence on the date of filing of these Articles of Incorporation and shall exist perpetually thereafter until dissolved according to law.

**ARTICLE III - PURPOSE**

This corporation is organized for the purpose of conducting any and all lawful business pursuits.

**ARTICLE IV - CAPITAL STOCK**

This corporation is authorized to issue 1000 shares of stock at One Dollar (\$1.00) par value.

**ARTICLE V - AMENDMENTS**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment thereto and any right conferred upon the shareholders is subject to this reservation.

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

The corporation shall have not less than one (1) Director, and not more than three (3) Directors in accordance with By-Laws. The name and address of the initial director of this corporation is:  
**Marcia D. Sutton, 215 South Olive Avenue, Suite 100, West Palm Beach, Florida 33401.**

**ARTICLE VII - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is: **215 South Olive Avenue, Suite 100, West Palm Beach, Florida 33401.**

**ARTICLE VIII - PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal office and mailing address is **215 South Olive Avenue, Suite 100, West Palm Beach, Florida 33401.**

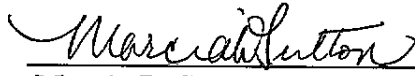
**ARTICLE IX - INCORPORATOR**

The name of the person(s) signing these Articles of Incorporation is: **Marcia D. Sutton.**

**ARTICLE X - INDEMNIFICATION**

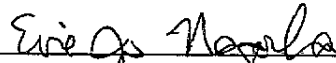
The corporation shall indemnify any person as recited in Florida Statute 607.014 to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Incorporation this 10th day of November, 1997.

  
\_\_\_\_\_  
**Marcia D. Sutton**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 10th day of November, 1997, by **Marcia D. Sutton.** She is personally known to me and did take an oath.

  
\_\_\_\_\_  
Notary Public/State of Florida

My Commission Expires:



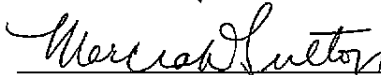
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTE, THE FOLLOWING IS SUBMITTED:

That **My Processor, Inc.**, desiring to organize under the laws of the State of Florida, has named **Marcia D. Sutton, 215 South Olive Avenue, Suite 100, West Palm Beach, Florida 33401**, as its agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated Corporation, at place designated in this Certificate, I hereby accept to act to this capacity, and agree to comply with the provisions of said act relative to keeping open said office.


  
\_\_\_\_\_  
**Marcia D. Sutton**

DATE: November 10, 1997

STATE OF FLORIDA:  
COUNTY OF PALM BEACH:

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 NOV 12 AM 9:47

The foregoing instrument was acknowledged before me this November 10, 1997, by **Marcia D. Sutton**. She is personally known to me and did take an oath.

  
\_\_\_\_\_  
Notary Public/State of Florida

My Commission Expires:

