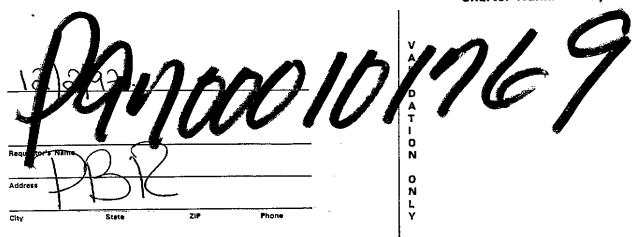
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CORPORATION(S) NAME

W.P. Verifier

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose	of forming a corpor	ration under :	the Florida B	usine.	SS
The undersigned incorporation (s), for the purpose of the component of the following of the following.	Articles of Incorpor	ranon.	AHA	030	<u></u>
		·	AIRY O	<u>င့်</u> ပ	in a second
ARTICL The name of the corporation shall be:	EI NAME		F STATE FLORIDA	H (1): 25	

PRO-ACTIVE COMPUTER STRATEGIES, INC.

ARTICLE II & PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

6211 ROCKY TRAIL ORLANDO, FLORIDA 32818

SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time 100 SHARES AT \$1.00 PAR VALUE.

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> YSTER LEE WEBB C/O BRIAN LYNN, CPA., P.A. TWO SOUTH UNIVERSITY DR., #215 PLANTATION, FL. 33324

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

PETER LEE WEBB 769 CREEKWATER TERRACE, #215 LAKE MARY, FLORIDA 32796

The undersigned incorporator(s) has(have) executed these Articles of Incorporation the
1 day of December, 19 97.
(An additional article must be added if an effective date is requested.)
Peta L. Welle Signature
Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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:	PRO-ACTIVE COMPUTER STRATEGIES, INC.

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

PETER LEE WEBB

(NAME)

C/O BRIAN LYNN, GP.A., P.A.

TWO SOUTH UNIVERSITY DR. #215

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

PLANTATION, FLORIDA 33324

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.

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