P98000008954

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

900002413519--7 -01/27/98--01031--007 *****78.75 *****78.75

SUBJECT: SOUT	HEAST CONSUMER SERVICES	S CORP.			
	(Proposed co	rporate name - must includ	e suffix)		
Enclosed is an original a	nd one(1) copy of the articles	of incorporation and a	check for :		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 □ \$131.25 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate ADDITIONAL COPY REQUIRED			
FROM:	CLIFTON CASTLE Name (Pr	inted or typed)			
_	1819 NW 2nd Avenue	address .	····	<u> </u>	
_	Boca Raton, FL 333432 City, State & Zip		ALLAMA ZA	5	
-	(561) 395–6460 Daytime To	elephone number	-	TOTALE VILLE	

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

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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:

SOUTHEAST CONSUMER SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

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

1819 NW 2nd Avenue Boca Raton, FL 33432

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Clifton Castle 1819 NW 2nd Avenue Boca Raton, FL 33432

ARTICLE V INCORPORATOR

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

Clifton Castle - President 1819 NW 2nd Ave. Boca Raton, FL 33432

Signature/Incorporator

1/26/98

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

1/26/98

Date