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2/03/98

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: BONWIT'S TAX SERVICES, INC.

AUDIT NUMBER..... H98000002284

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...1

FAX 6 PAGES....

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ARTICLES OF INCORPORATION

BONWIT'S TAX SERVICES, INC.

We, the undersigned, are desirous of forming a corporation under the laws of the State of Florida, such laws that are applicable to corporations for profit, and respectfully petition the Secretary of State for approval of such incorporation under the following proposed Certificate of Incorporation.

ARTICLE I

NAME

The name of this corporation shall be BONWIT'S TAX SERVICES, INC. and its principle place of business shall be . 17891 SOUTH DIXIE HWY MIAMI FL 33157 . and any other location that the board of directors may deem appropriate.

ARTICLE II

RESIDENT AGENT

The resident agent of the corporation SHALL BE STEVEN BONWIT 17891 SOUTH DIXIE HWY MIAMI, FL 33157

ARTICLE 111

GENERAL NATURE OF BUSINESS

The general purpose or object to be transacted, promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the State Plorida.

ARTICLE IV

SHARES OF STOCK - NUMBER

The maximum number of shares of stock that the corporation is authorized to have outstanding at any time is five hundred (500) of common stock of the par value for \$1.00 per share.

Prepared By: STEVE BONWIT
17891 SOUTH DIXIE HWY.
MIAMI,FL 33157
(305)232-1685

98 FEB -3 PH 3: 04
SECRETARY OF STATE
TALL AHASSEE FLORIDA

H98000002284

ARTICLE V AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00).

ARTICLE VI

DURATION

This corporation is to have perpetual existence, commencing upon the approval by the Secretary of State of this certificate of incorporation.

ARTICLE VII

DIRECTORS

The affairs of the corporation will be managed by 1 Director. The names and addresses of the individuals who are to serve as directors until new directors are elected at the shareholders meeting are:

NAME

STEVEN BONWIT

10019 SW 77 CT MIAMI, FL 33156

ARTICLE VIII

OFFICERS

The names and address of the individuals who will serve as the initial officer of the corporation until new officers of the corporation are appointed at the time of the first meeting of the shareholders are as follows:

NAME

ADDRESS

STEVEN BONWIT

PRESIDENT

10019 SW 77 CT MIAMI, FL 33156 We, the undersigned, being the original subscribers to this certificate of incorporation, do hereby make, subscribe, acknowledge and file this certificate and certify that the facts stated herein are true, and have hereunto set my hand and seal this day of FC 1998.

STEVEN BONWIT

STATE OF FLORIDA

COUNTY OF DADE

BEING IT REMEMBERED that on this BEING IT REMEMBERED that on this ____ day of _____ 1998, personally came before me, a notary public of the State of Florida, the party to the foregoing certificate of incorporation, known to me personally to be such, and acknowledged the said certificate to be the acts and deeds of the signer, and that the facts herein are truly set forth.

Given under my hand and seal the day and year aforesaid.

MURRY REIC

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 ,BONWIT'S TAX SERVICE, INC 2. The name and address of the registered agent and office BONWIT'S TAX SERVICE 17891 SOUTH DIXIE HWY. MIAMI, FL 33157 STEVE BONWIT

SIGNATURE

TITLE PROSISENT

DATE 2/3/98

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY. I FURTHER AGREED 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

DATE 2/3/98

98 FEB -3 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA